



Rep. Dan Reitz

Filed: 3/15/2011

09700HB3352ham001

LRB097 09991 CEL 53030 a

1 AMENDMENT TO HOUSE BILL 3352

2 AMENDMENT NO. _____. Amend House Bill 3352 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Findings; purpose; text and revisory changes;
5 validation; additional material.

6 (a) The Illinois Supreme Court, in *Lebron v. Gottlieb*
7 *Memorial Hospital*, found that the limitations on noneconomic
8 damages in medical malpractice actions that were created in
9 Public Act 94-677, contained in Section 2-1706.5 of the Code of
10 Civil Procedure, violate the separation of powers clause of the
11 Illinois Constitution. Because Public Act 94-677 contained an
12 inseverability provision, the Court held the Act to be void in
13 its entirety. The Court emphasized, however, that "because the
14 other provisions contained in Public Act 94-677 are deemed
15 invalid solely on inseverability grounds, the legislature
16 remains free to reenact any provisions it deems appropriate".

17 (b) It is the purpose of this Act to reenact certain

1 provisions of Public Act 94-677 that did not involve
2 limitations on noneconomic damages in medical malpractice
3 actions, to validate certain actions taken in reliance on those
4 provisions, and to make certain additional changes to the
5 statutes.

6 (c) This Act reenacts Sections 7, 22, 23, 24, 24.1, and 36
7 of the Medical Practice Act of 1987. This Act does not reenact
8 any other provisions of Public Act 94-677.

9 In this Act, the base text of the reenacted Sections
10 includes the text as it existed at the time of the Supreme
11 Court's decision, including any amendments that occurred after
12 P.A. 94-677, and also includes amendments that occurred after
13 the decision. Striking and underscoring is used only to show
14 the changes being made by this Act to that base text.

15 (d) All otherwise lawful actions taken in reasonable
16 reliance on or pursuant to the Sections reenacted by this Act,
17 as set forth in Public Act 94-677 or subsequently amended, by
18 any officer, employee, agency, or unit of State or local
19 government or by any other person or entity, are hereby
20 validated. The actions include, but are not limited to,
21 disciplinary actions, establishment of the physicians profile
22 under Section 24.1, and adoption of administrative rules under
23 the Illinois Administrative Procedure Act.

24 With respect to actions taken in relation to matters
25 arising under the Sections reenacted by this Act, a person is
26 rebuttably presumed to have acted in reasonable reliance on and

1 pursuant to the provisions of Public Act 94-677, as those
2 provisions had been amended at the time the action was taken.

3 With respect to their administration of matters arising
4 under the Sections reenacted by this Act, officers, employees,
5 agencies, and units of State and local government shall
6 continue to apply the provisions of Public Act 94-677, as those
7 provisions had been amended at the relevant time.

8 (e) This Act also contains material making new substantive
9 changes.

10 Section 5. The Regulatory Sunset Act is amended by changing
11 Sections 4.21 and 4.31 as follows:

12 (5 ILCS 80/4.21)

13 Sec. 4.21. Acts repealed on January 1, 2011 ~~and November~~
14 ~~30, 2011.~~ (a) The following Acts are repealed on January 1,
15 2011: The Fire Equipment Distributor and Employee Regulation
16 Act of 2000. (b) ~~The following Act is repealed on November 30,~~
17 ~~2011: The Medical Practice Act of 1987.~~

18 (Source: P.A. 96-1041, eff. 7-14-10; 96-1492, eff. 12-30-10.)

19 (5 ILCS 80/4.31)

20 Sec. 4.31. Acts ~~Act~~ repealed on January 1, 2021. The
21 following Acts are ~~Act is~~ repealed on January 1, 2021:

22 The Crematory Regulation Act.

23 The Cemetery Oversight Act.

1 The Illinois Health Information Exchange and Technology
2 Act.

3 The Medical Practice Act of 1987.

4 The Radiation Protection Act of 1990.

5 (Source: P.A. 96-1041, eff. 7-14-10; 96-1331, eff. 7-27-10;
6 incorporates P.A. 96-863, eff. 3-1-10; revised 9-9-10.)

7 Section 7. The Department of Professional Regulation Law of
8 the Civil Administrative Code of Illinois is amended by adding
9 Section 2105-165 as follows:

10 (20 ILCS 2105/2105-165 new)

11 Sec. 2105-165. Health care worker licensure actions;
12 sexual crimes.

13 (a) When a licensed health care worker, as defined in the
14 Health Care Worker Self-Referral Act, (1) has been convicted of
15 a sexual criminal act that requires registration under the Sex
16 Offender Registration Act against a patient in the course of
17 patient care or treatment; (2) has been convicted of a criminal
18 battery against any patient in the course of patient care or
19 treatment, including any offense based on sexual conduct or
20 sexual penetration; (3) has been convicted of forcible felony;
21 or (4) is required as a part of a criminal sentence to register
22 under the Sex Offender Registration Act, then, notwithstanding
23 any other provision of law to the contrary, the license of the
24 health care worker shall by operation of law be permanently

1 revoked without a hearing.

2 (b) No person convicted of any offense listed in subsection
3 (a) or required to register as a sex offender may receive a
4 license as a health care worker in Illinois.

5 (c) Within 5 days after an Illinois State's Attorney files
6 criminal charges alleging that a licensed health care worker,
7 as defined in the Health Care Worker Self-Referral Act,
8 committed a criminal battery against a patient, including a
9 sexual act against a patient in the course of patient care or
10 treatment, or a forcible felony, then the State's Attorney
11 shall provide notice to the Department of the health care
12 worker's name, address, practice address, and license number,
13 the patient's name, and a copy of the criminal charges filed.
14 Within 5 business days after receiving notice from the State's
15 Attorney of the filing of criminal charges against the health
16 care worker, the Secretary shall issue an administrative order
17 that the health care worker shall immediately practice only
18 with a chaperone during all patient encounters pending the
19 outcome of the criminal proceedings. The chaperone must be a
20 licensed health care worker. Written notice explaining the
21 Department's order to use a chaperone shall be provided to all
22 patients. The licensee shall provide a written plan of
23 compliance with the administrative order that is acceptable to
24 the Department within 10 days after receipt of the
25 administrative order. Failure to comply with the
26 administrative order, failure to file a compliance plan, or

1 failure to follow the compliance plan shall subject the health
2 care worker to temporary suspension of his or her professional
3 license until the completion of the criminal proceedings.

4 (d) Nothing contained in this Section shall act in any way
5 to waive or modify the confidentiality of information provided
6 by the State's Attorney to the extent provided by law. Any
7 information reported or disclosed shall be kept for the
8 confidential use of the Secretary, Department attorneys, the
9 investigative staff, and authorized clerical staff and shall be
10 afforded the same status as is provided information under Part
11 21 of Article VIII of the Code of Civil Procedure, except that
12 the Department may disclose information and documents to (1) a
13 federal, State, or local law enforcement agency pursuant to a
14 subpoena in an ongoing criminal investigation or (2) an
15 appropriate licensing authority of another state or
16 jurisdiction pursuant to an official request made by that
17 authority. Any information and documents disclosed to a
18 federal, State, or local law enforcement agency may be used by
19 that agency only for the investigation and prosecution of a
20 criminal offense. Any information or documents disclosed by the
21 Department to a professional licensing authority of another
22 state or jurisdiction may only be used by that authority for
23 investigations and disciplinary proceedings with regards to a
24 professional license.

25 (e) Any licensee whose license was revoked or who received
26 an administrative order under this Section shall have the

1 revocation or administrative order vacated and completely
2 removed from the licensee's records and public view and the
3 revocation or administrative order shall be afforded the same
4 status as is provided information under Part 21 of Article VIII
5 of the Code of Civil Procedure if (1) the charges upon which
6 the revocation or administrative order is based are dropped;
7 (2) the licensee is not convicted of the charges upon which the
8 revocation or administrative order is based; or (3) any
9 conviction for charges upon which the revocation or
10 administrative order was based have been vacated, overturned,
11 or reversed.

12 (f) Nothing contained in this Section shall prohibit the
13 Department from initiating or maintaining a disciplinary
14 action against a licensee independent from any criminal
15 charges, conviction, or sex offender registration.

16 (g) The Department may adopt rules necessary to implement
17 this Section.

18 Section 10. The Medical Practice Act of 1987 is amended by
19 changing Sections 2, 3.5, 4, 7.5, 8, 8.1, 9, 9.7, 11, 15, 17,
20 18, 19, 20, 21, 25, 26, 33, 35, 37, 38, 40, 41, 42, 43, 44, 47,
21 54, 54.2, 59, and 61, by reenacting and changing Sections 7,
22 22, and 23, by reenacting Sections 24, 24.1, and 36 as follows:

23 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

24 (Section scheduled to be repealed on November 30, 2011)

1 Sec. 2. Definitions. For purposes of this Act, the
2 following definitions shall have the following meanings,
3 except where the context requires otherwise:

4 ~~1.~~ "Act" means the Medical Practice Act of 1987.

5 "Address of record" means the designated address recorded
6 by the Department in the applicant's or licensee's application
7 file or license file as maintained by the Department's
8 licensure maintenance unit. It is the duty of the applicant or
9 licensee to inform the Department of any change of address and
10 those changes must be made either through the Department's
11 website or by contacting the Department.

12 "Chiropractic physician" means a person licensed to treat
13 human ailments without the use of drugs and without operative
14 surgery. Nothing in this Act shall be construed to prohibit a
15 chiropractic physician from providing advice regarding the use
16 of non-prescription products or from administering atmospheric
17 oxygen. Nothing in this Act shall be construed to authorize a
18 chiropractic physician to prescribe drugs.

19 ~~2.~~ "Department" means the Department of Financial and
20 Professional Regulation.

21 ~~3.~~ ~~"Director" means the Director of Professional~~
22 ~~Regulation.~~

23 ~~4.~~ "Disciplinary Action" means revocation, suspension,
24 probation, supervision, practice modification, reprimand,
25 required education, fines or any other action taken by the
26 Department against a person holding a license.

1 ~~5.~~ "Disciplinary Board" means the Medical Disciplinary
2 Board.

3 ~~6.~~ "Final Determination" means the governing body's final
4 action taken under the procedure followed by a health care
5 institution, or professional association or society, against
6 any person licensed under the Act in accordance with the bylaws
7 or rules and regulations of such health care institution, or
8 professional association or society.

9 ~~7.~~ "Fund" means the Medical Disciplinary Fund.

10 ~~8.~~ "Impaired" means the inability to practice medicine with
11 reasonable skill and safety due to physical or mental
12 disabilities as evidenced by a written determination or written
13 consent based on clinical evidence including deterioration
14 through the aging process or loss of motor skill, or abuse of
15 drugs or alcohol, of sufficient degree to diminish a person's
16 ability to deliver competent patient care.

17 ~~9.~~ "Licensing Board" means the Medical Licensing Board.

18 ~~10.~~ "Physician" means a person licensed under the Medical
19 Practice Act to practice medicine in all of its branches or a
20 chiropractic physician ~~licensed to treat human ailments~~
21 ~~without the use of drugs and without operative surgery.~~

22 ~~11.~~ "Professional Association" means an association or
23 society of persons licensed under this Act, and operating
24 within the State of Illinois, including but not limited to,
25 medical societies, osteopathic organizations, and chiropractic
26 organizations, but this term shall not be deemed to include

1 hospital medical staffs.

2 ~~12.~~ "Program of Care, Counseling, or Treatment" means a
3 written schedule of organized treatment, care, counseling,
4 activities, or education, satisfactory to the Disciplinary
5 Board, designed for the purpose of restoring an impaired person
6 to a condition whereby the impaired person can practice
7 medicine with reasonable skill and safety of a sufficient
8 degree to deliver competent patient care.

9 "Secretary" means the Secretary of the Department of
10 Financial and Professional Regulation.

11 (Source: P.A. 85-1209; 85-1245; 85-1440.)

12 (225 ILCS 60/3.5)

13 (Section scheduled to be repealed on November 30, 2011)

14 Sec. 3.5. Unlicensed practice; violation; civil penalty.

15 (a) Any person who practices, offers to practice, attempts
16 to practice, or holds oneself out to practice as a physician
17 without being licensed under this Act shall, in addition to any
18 other penalty provided by law, pay a civil penalty to the
19 Department in an amount not to exceed \$10,000 ~~\$5,000~~ for each
20 offense as determined by the Department. The civil penalty
21 shall be assessed by the Department after a hearing is held in
22 accordance with the provisions set forth in this Act regarding
23 the provision of a hearing for the discipline of a licensee.

24 (b) The Department has the authority and power to
25 investigate any and all unlicensed activity.

1 (c) The civil penalty shall be paid within 60 days after
2 the effective date of the order imposing the civil penalty. The
3 order shall constitute a judgment and may be filed and
4 execution had thereon in the same manner as any judgment from
5 any court of record.

6 (Source: P.A. 89-474, eff. 6-18-96.)

7 (225 ILCS 60/4) (from Ch. 111, par. 4400-4)

8 (Section scheduled to be repealed on November 30, 2011)

9 Sec. 4. Exemptions. ~~(a)~~ This Act does not apply to the
10 following:

11 (1) persons lawfully carrying on their particular
12 profession or business under any valid existing regulatory
13 Act of this State;

14 (2) persons rendering gratuitous services in cases of
15 emergency; or

16 (3) persons treating human ailments by prayer or
17 spiritual means as an exercise or enjoyment of religious
18 freedom. ~~or~~

19 ~~(4) persons practicing the specified occupations set~~
20 ~~forth in in subsection (a) of, and pursuant to a licensing~~
21 ~~exemption granted in subsection (b) or (d) of, Section~~
22 ~~2105-350 of the Department of Professional Regulation Law~~
23 ~~of the Civil Administrative Code of Illinois, but only for~~
24 ~~so long as the 2016 Olympic and Paralympic Games~~
25 ~~Professional Licensure Exemption Law is operable.~~

1 ~~(b) (Blank).~~

2 (Source: P.A. 96-7, eff. 4-3-09.)

3 (225 ILCS 60/7) (from Ch. 111, par. 4400-7)

4 (Section scheduled to be repealed on November 30, 2011)

5 (Text of Section WITH the changes made by P.A. 94-677,
6 which has been held unconstitutional)

7 Sec. 7. Medical Disciplinary Board.

8 (A) There is hereby created the Illinois State Medical
9 Disciplinary Board ~~(hereinafter referred to as the~~
10 ~~"Disciplinary Board")~~. The Disciplinary Board shall consist of
11 11 members, to be appointed by the Governor by and with the
12 advice and consent of the Senate. All members shall be
13 residents of the State, not more than 6 of whom shall be
14 members of the same political party. All members shall be
15 voting members. Five members shall be physicians licensed to
16 practice medicine in all of its branches in Illinois possessing
17 the degree of doctor of medicine, ~~and it shall be the goal that~~
18 ~~at least one of the members practice in the field of~~
19 ~~neurosurgery, one of the members practice in the field of~~
20 ~~obstetrics and gynecology, and one of the members practice in~~
21 ~~the field of cardiology~~. One member shall be a physician
22 licensed to practice medicine in all its branches in Illinois
23 possessing the degree of doctor of osteopathy or osteopathic
24 medicine. One member shall be a chiropractic physician licensed
25 to practice in Illinois and possessing the degree of doctor of

1 chiropractic. Four members shall be members of the public, who
2 shall not be engaged in any way, directly or indirectly, as
3 providers of health care.

4 (B) Members of the Disciplinary Board shall be appointed
5 for terms of 4 years. Upon the expiration of the term of any
6 member, their successor shall be appointed for a term of 4
7 years by the Governor by and with the advice and consent of the
8 Senate. The Governor shall fill any vacancy for the remainder
9 of the unexpired term ~~by and~~ with the advice and consent of the
10 Senate. Upon recommendation of the Board, any member of the
11 Disciplinary Board may be removed by the Governor for
12 misfeasance, malfeasance, or wilful neglect of duty, after
13 notice, and a public hearing, unless such notice and hearing
14 shall be expressly waived in writing. Each member shall serve
15 on the Disciplinary Board until their successor is appointed
16 and qualified. No member of the Disciplinary Board shall serve
17 more than 2 consecutive 4 year terms.

18 In making appointments the Governor shall attempt to insure
19 that the various social and geographic regions of the State of
20 Illinois are properly represented.

21 In making the designation of persons to act for the several
22 professions represented on the Disciplinary Board, the
23 Governor shall give due consideration to recommendations by
24 members of the respective professions and by organizations
25 therein.

26 (C) The Disciplinary Board shall annually elect one of its

1 voting members as chairperson and one as vice chairperson. No
2 officer shall be elected more than twice in succession to the
3 same office. Each officer shall serve until their successor has
4 been elected and qualified.

5 (D) (Blank).

6 (E) Six voting members of the Disciplinary Board, at least
7 4 of whom are physicians, shall constitute a quorum. A vacancy
8 in the membership of the Disciplinary Board shall not impair
9 the right of a quorum to exercise all the rights and perform
10 all the duties of the Disciplinary Board. Any action taken by
11 the Disciplinary Board under this Act may be authorized by
12 resolution at any regular or special meeting and each such
13 resolution shall take effect immediately. The Disciplinary
14 Board shall meet at least quarterly. The Disciplinary Board is
15 empowered to adopt all rules and regulations necessary and
16 incident to the powers granted to it under this Act.

17 (F) Each member, and member-officer, of the Disciplinary
18 Board shall receive a per diem stipend as the Secretary ~~of the~~
19 ~~Department, hereinafter referred to as the Secretary,~~ shall
20 determine. ~~The Secretary shall also determine the per diem~~
21 ~~stipend that each ex-officio member shall receive.~~ Each member
22 shall be paid their necessary expenses while engaged in the
23 performance of their duties.

24 (G) The Secretary shall select a Chief Medical Coordinator
25 and not less than 2 Deputy Medical Coordinators who shall not
26 be members of the Disciplinary Board. Each medical coordinator

1 shall be a physician licensed to practice medicine in all of
2 its branches, and the Secretary shall set their rates of
3 compensation. The Secretary shall assign at least one medical
4 coordinator to a region composed of Cook County and such other
5 counties as the Secretary may deem appropriate, and such
6 medical coordinator or coordinators shall locate their office
7 in Chicago. The Secretary shall assign at least one medical
8 coordinator to a region composed of the balance of counties in
9 the State, and such medical coordinator or coordinators shall
10 locate their office in Springfield. Each medical coordinator
11 shall be the chief enforcement officer of this Act in his or
12 her assigned region and shall serve at the will of the
13 Disciplinary Board.

14 The Secretary shall employ, in conformity with the
15 Personnel Code, not less than one full time investigator for
16 every 2,500 physicians licensed in the State. Each investigator
17 shall be a college graduate with at least 2 years of ~~years~~
18 investigative experience or one year advanced medical
19 education. Upon the written request of the Disciplinary Board,
20 the Secretary shall employ, in conformity with the Personnel
21 Code, such other professional, technical, investigative, and
22 clerical help, either on a full or part-time basis as the
23 Disciplinary Board deems necessary for the proper performance
24 of its duties.

25 (H) Upon the specific request of the Disciplinary Board,
26 signed by either the chairperson ~~chairman~~, vice chairperson

1 ~~chairman~~, or a medical coordinator of the Disciplinary Board,
2 the Department of Human Services or the Department of State
3 Police shall make available any and all information that they
4 have in their possession regarding a particular case then under
5 investigation by the Disciplinary Board.

6 (I) Members of the Disciplinary Board shall be immune from
7 suit in any action based upon any disciplinary proceedings or
8 other acts performed in good faith as members of the
9 Disciplinary Board.

10 (J) The Disciplinary Board may compile and establish a
11 statewide roster of physicians and other medical
12 professionals, including the several medical specialties, of
13 such physicians and medical professionals, who have agreed to
14 serve from time to time as advisors to the medical
15 coordinators. Such advisors shall assist the medical
16 coordinators or the Disciplinary Board in their investigations
17 and participation in complaints against physicians. Such
18 advisors shall serve under contract and shall be reimbursed at
19 a reasonable rate for the services provided, plus reasonable
20 expenses incurred. While serving in this capacity, the advisor,
21 for any act undertaken in good faith and in the conduct of his
22 or her ~~their~~ duties under this Section, shall be immune from
23 civil suit.

24 (Source: P.A. 93-138, eff. 7-10-03; 94-677, eff. 8-25-05.)

1 (Section scheduled to be repealed on November 30, 2011)

2 Sec. 7.5. Complaint Committee.

3 (a) There shall be a Complaint Committee of the
4 Disciplinary Board composed of at least one of the medical
5 coordinators established by subsection (G) ~~(g)~~ of Section 7 of
6 this Act, the Chief of Medical Investigations (person employed
7 by the Department who is in charge of investigating complaints
8 against physicians and physician assistants), and at least 3
9 voting members of the Disciplinary Board (at least 2 of whom
10 shall be physicians) designated by the Chairperson ~~Chairman~~ of
11 the ~~Medical~~ Disciplinary Board with the approval of the
12 Disciplinary Board. The Disciplinary Board members so
13 appointed shall serve one-year terms and may be eligible for
14 reappointment for subsequent terms.

15 (b) The Complaint Committee shall meet at least twice a
16 month to exercise its functions and duties set forth in
17 subsection (c) below. At least 2 members of the Disciplinary
18 Board shall be in attendance in order for any business to be
19 transacted by the Complaint Committee. The Complaint Committee
20 shall make every effort to consider expeditiously and take
21 prompt action on each item on its agenda.

22 (c) The Complaint Committee shall have the following duties
23 and functions:

24 (1) To recommend to the Disciplinary Board that a
25 complaint file be closed.

26 (2) To refer a complaint file to the office of the

1 Chief of Medical Prosecutions (person employed by the
2 Department who is in charge of prosecuting formal
3 complaints against licensees) for review.

4 (3) To make a decision in conjunction with the Chief of
5 Medical Prosecutions regarding action to be taken on a
6 complaint file.

7 (d) In determining what action to take or whether to
8 proceed with prosecution of a complaint, the Complaint
9 Committee shall consider, but not be limited to, the following
10 factors: sufficiency of the evidence presented, prosecutorial
11 merit under Section 22 of this Act, any recommendation made by
12 the Department, and insufficient cooperation from complaining
13 parties.

14 (Source: P.A. 93-214, eff. 1-1-04.)

15 (225 ILCS 60/8) (from Ch. 111, par. 4400-8)

16 (Section scheduled to be repealed on November 30, 2011)

17 Sec. 8. Medical Licensing Board.

18 (A) There is hereby created a Medical Licensing Board
19 ~~(hereinafter referred to as the "Licensing Board")~~. The
20 Licensing Board shall be composed of 7 members, to be appointed
21 by the Governor by and with the advice and consent of the
22 Senate; 5 of whom shall be reputable physicians licensed to
23 practice medicine in all of its branches in Illinois,
24 possessing the degree of doctor of medicine; one member shall
25 be a reputable physician licensed in Illinois to practice

1 medicine in all of its branches, possessing the degree of
2 doctor of osteopathy or osteopathic medicine; and one member
3 shall be a reputable chiropractic physician licensed to
4 practice in Illinois and possessing the degree of doctor of
5 chiropractic. Of the 5 members holding the degree of doctor of
6 medicine, one shall be a full-time or part-time teacher of
7 professorial rank in the clinical department of an Illinois
8 school of medicine.

9 (B) Members of the Licensing Board shall be appointed for
10 terms of 4 years, and until their successors are appointed and
11 qualified. Appointments to fill vacancies shall be made in the
12 same manner as original appointments, for the unexpired portion
13 of the vacated term. No more than 4 members of the Licensing
14 Board shall be members of the same political party and all
15 members shall be residents of this State. No member of the
16 Licensing Board may be appointed to more than 2 successive 4
17 year terms. ~~This limitation shall only apply to individuals~~
18 ~~appointed to the Licensing Board after the effective date of~~
19 ~~this Act.~~

20 (C) Members of the Licensing Board shall be immune from
21 suit in any action based upon any licensing proceedings or
22 other acts performed in good faith as members of the Licensing
23 Board.

24 (D) (Blank).

25 (E) The Licensing Board shall annually elect one of its
26 members as chairperson and one as vice chairperson. No member

1 shall be elected more than twice in succession to the same
2 office. Each officer shall serve until his or her ~~their~~
3 successor has been elected and qualified.

4 (F) None of the functions, powers or duties of the
5 Department with respect to policies regarding licensure and
6 examination under this Act, including the promulgation of such
7 rules as may be necessary for the administration of this Act,
8 shall be exercised by the Department except upon review of the
9 Licensing Board.

10 (G) The Licensing Board shall receive the same compensation
11 as the members of the ~~Medical~~ Disciplinary Board, which
12 compensation shall be paid out of the Illinois State Medical
13 Disciplinary Fund.

14 (Source: P.A. 89-702, eff. 7-1-97.)

15 (225 ILCS 60/8.1)

16 (Section scheduled to be repealed on November 30, 2011)

17 Sec. 8.1. Matters concerning advanced practice nurses. Any
18 proposed rules, amendments, second notice materials and
19 adopted rule or amendment materials, and policy statements
20 concerning advanced practice nurses shall be presented to the
21 ~~Medical~~ Licensing Board for review and comment. The
22 recommendations of both the Board of Nursing and the ~~Medical~~
23 Licensing Board shall be presented to the Secretary for
24 consideration in making final decisions. Whenever the Board of
25 Nursing and the ~~Medical~~ Licensing Board disagree on a proposed

1 rule or policy, the Secretary shall convene a joint meeting of
2 the officers of each Board to discuss the resolution of any
3 such disagreements.

4 (Source: P.A. 95-639, eff. 10-5-07.)

5 (225 ILCS 60/9) (from Ch. 111, par. 4400-9)

6 (Section scheduled to be repealed on November 30, 2011)

7 Sec. 9. Application for license. Each applicant for a
8 license shall:

9 (A) Make application on blank forms prepared and
10 furnished by the Department ~~of Professional Regulation~~
11 ~~hereinafter referred to as the Department.~~

12 (B) Submit evidence satisfactory to the Department
13 that the applicant:

14 (1) is of good moral character. In determining
15 moral character under this Section, the Department may
16 take into consideration whether the applicant has
17 engaged in conduct or activities which would
18 constitute grounds for discipline under this Act. The
19 Department may also request the applicant to submit,
20 and may consider as evidence of moral character,
21 endorsements from 2 or 3 individuals licensed under
22 this Act;

23 (2) has the preliminary and professional education
24 required by this Act;

25 (3) (blank); and

1 (4) is physically, mentally, and professionally
2 capable of practicing medicine with reasonable
3 judgment, skill, and safety. In determining physical,
4 mental and professional capacity under this Section,
5 the ~~Medical~~ Licensing Board may, upon a showing of a
6 possible incapacity or conduct or activities that
7 would constitute grounds for discipline under this
8 Act, compel any applicant to submit to a mental or
9 physical examination and evaluation, or both, as
10 provided for in Section 22 of this Act. The Licensing
11 Board may condition or restrict any license, subject to
12 the same terms and conditions as are provided for the
13 ~~Medical~~ Disciplinary Board under Section 22 of this
14 Act. Any such condition of a restricted license shall
15 provide that the Chief Medical Coordinator or Deputy
16 Medical Coordinator shall have the authority to review
17 the subject physician's compliance with such
18 conditions or restrictions, including, where
19 appropriate, the physician's record of treatment and
20 counseling regarding the impairment, to the extent
21 permitted by applicable federal statutes and
22 regulations safeguarding the confidentiality of
23 medical records of patients.

24 In determining professional capacity under this
25 Section, an any individual ~~who has not been actively~~
26 ~~engaged in the practice of medicine or as a medical,~~

1 ~~osteopathic, or chiropractic student or who has not been~~
2 ~~engaged in a formal program of medical education during the~~
3 ~~2 years immediately preceding their application~~ may be
4 required to complete such additional testing, training, or
5 remedial education as the Licensing Board may deem
6 necessary in order to establish the applicant's present
7 capacity to practice medicine with reasonable judgment,
8 skill, and safety. The Licensing Board may consider the
9 following criteria, as they relate to an applicant, as part
10 of its determination of professional capacity:

11 (1) Medical research in an established research
12 facility, hospital, college or university, or private
13 corporation.

14 (2) Specialized training or education.

15 (3) Publication of original work in learned,
16 medical, or scientific journals.

17 (4) Participation in federal, State, local, or
18 international public health programs or organizations.

19 (5) Professional service in a federal veterans or
20 military institution.

21 (6) Any other professional activities deemed to
22 maintain and enhance the clinical capabilities of the
23 applicant.

24 Any applicant applying for a license to practice
25 medicine in all of its branches or for a license as a
26 chiropractic physician who has not been engaged in the

1 active practice of medicine or has not been enrolled in a
2 medical program for 2 years prior to application must
3 submit proof of professional capacity to the Licensing
4 Board.

5 Any applicant applying for a temporary license that has
6 not been engaged in the active practice of medicine or has
7 not been enrolled in a medical program for longer than 5
8 years prior to application must submit proof of
9 professional capacity to the Licensing Board.

10 (C) Designate specifically the name, location, and
11 kind of professional school, college, or institution of
12 which the applicant is a graduate and the category under
13 which the applicant seeks, and will undertake, to practice.

14 (D) Pay to the Department at the time of application
15 the required fees.

16 (E) Pursuant to Department rules, as required, pass an
17 examination authorized by the Department to determine the
18 applicant's fitness to receive a license.

19 (F) Complete the application process within 3 years
20 from the date of application. If the process has not been
21 completed within 3 years, the application shall expire ~~be~~
22 ~~denied~~, application fees shall be forfeited, and the
23 applicant must reapply and meet the requirements in effect
24 at the time of reapplication.

25 (Source: P.A. 89-387, eff. 8-20-95; 89-702, eff. 7-1-97.)

1 (225 ILCS 60/9.7)

2 (Section scheduled to be repealed on November 30, 2011)

3 Sec. 9.7. Criminal history records background check. Each
4 applicant for licensure or permit under Sections 9, 18, and 19
5 shall have his or her fingerprints submitted to the Department
6 of State Police in an electronic format that complies with the
7 form and manner for requesting and furnishing criminal history
8 record information as prescribed by the Department of State
9 Police. These fingerprints shall be checked against the
10 Department of State Police and Federal Bureau of Investigation
11 criminal history record databases now and hereafter filed. The
12 Department of State Police shall charge applicants a fee for
13 conducting the criminal history records check, which shall be
14 deposited into the State Police Services Fund and shall not
15 exceed the actual cost of the records check. The Department of
16 State Police shall furnish, pursuant to positive
17 identification, records of Illinois convictions to the
18 Department. The Department may require applicants to pay a
19 separate fingerprinting fee, either to the Department or to a
20 Department designated or approved vendor. The Department, in
21 its discretion, may allow an applicant who does not have
22 reasonable access to a designated vendor to provide his or her
23 fingerprints in an alternative manner. The Department may adopt
24 any rules necessary to implement this Section.

25 ~~The Department shall require an applicant for a license under~~
26 ~~Section 19 of this Act to undergo a criminal background check.~~

1 ~~The Department shall adopt rules to implement this Section.~~

2 (Source: P.A. 90-722, eff. 1-1-99.)

3 (225 ILCS 60/11) (from Ch. 111, par. 4400-11)

4 (Section scheduled to be repealed on November 30, 2011)

5 Sec. 11. Minimum education standards. The minimum
6 standards of professional education to be enforced by the
7 Department in conducting examinations and issuing licenses
8 shall be as follows:

9 (A) Practice of medicine. For the practice of medicine
10 in all of its branches:

11 (1) For applications for licensure under
12 subsection (D) of Section 19 of this Act:

13 (a) that the applicant is a graduate of a
14 medical or osteopathic college in the United
15 States, its territories or Canada, that the
16 applicant has completed a 2 year course of
17 instruction in a college of liberal arts, or its
18 equivalent, and a course of instruction in a
19 medical or osteopathic college approved by the
20 Department or by a private, not for profit
21 accrediting body approved by the Department, and
22 in addition thereto, a course of postgraduate
23 clinical training of not less than 12 months as
24 approved by the Department; or

25 (b) that the applicant is a graduate of a

1 medical or osteopathic college located outside the
2 United States, its territories or Canada, and that
3 the degree conferred is officially recognized by
4 the country for the purposes of licensure, that the
5 applicant has completed a 2 year course of
6 instruction in a college of liberal arts or its
7 equivalent, and a course of instruction in a
8 medical or osteopathic college approved by the
9 Department, which course shall have been not less
10 than 132 weeks in duration and shall have been
11 completed within a period of not less than 35
12 months, and, in addition thereto, has completed a
13 course of postgraduate clinical training of not
14 less than 12 months, as approved by the Department,
15 and has complied with any other standards
16 established by rule.

17 For the purposes of this subparagraph (b) an
18 applicant is considered to be a graduate of a
19 medical college if the degree which is conferred is
20 officially recognized by that country for the
21 purposes of receiving a license to practice
22 medicine in all of its branches or a document is
23 granted by the medical college which certifies the
24 completion of all formal training requirements
25 including any internship and social service; or

26 (c) that the applicant has studied medicine at

1 a medical or osteopathic college located outside
2 the United States, its territories, or Canada,
3 that the applicant has completed a 2 year course of
4 instruction in a college of liberal arts or its
5 equivalent and all of the formal requirements of a
6 foreign medical school except internship and
7 social service, which course shall have been not
8 less than 132 weeks in duration and shall have been
9 completed within a period of not less than 35
10 months; that the applicant has submitted an
11 application to a medical college accredited by the
12 Liaison Committee on Medical Education and
13 submitted to such evaluation procedures, including
14 use of nationally recognized medical student tests
15 or tests devised by the individual medical
16 college, and that the applicant has satisfactorily
17 completed one academic year of supervised clinical
18 training under the direction of such medical
19 college; and, in addition thereto has completed a
20 course of postgraduate clinical training of not
21 less than 12 months, as approved by the Department,
22 and has complied with any other standards
23 established by rule.

24 (d) Any clinical clerkships must have been
25 completed in compliance with Section 10.3 of the
26 Hospital Licensing Act, as amended.

1 (2) Effective January 1, 1988, for applications
2 for licensure made subsequent to January 1, 1988, under
3 Sections 9 or 17 of this Act by individuals not
4 described in paragraph (3) of subsection (A) of Section
5 11 who graduated after December 31, 1984:

6 (a) that the applicant: (i) graduated from a
7 medical or osteopathic college officially
8 recognized by the jurisdiction in which it is
9 located for the purpose of receiving a license to
10 practice medicine in all of its branches, and the
11 applicant has completed, as defined by the
12 Department, a 6 year postsecondary course of study
13 comprising at least 2 academic years of study in
14 the basic medical sciences; and 2 academic years of
15 study in the clinical sciences, while enrolled in
16 the medical college which conferred the degree,
17 the core rotations of which must have been
18 completed in clinical teaching facilities owned,
19 operated or formally affiliated with the medical
20 college which conferred the degree, or under
21 contract in teaching facilities owned, operated or
22 affiliated with another medical college which is
23 officially recognized by the jurisdiction in which
24 the medical school which conferred the degree is
25 located; or (ii) graduated from a medical or
26 osteopathic college accredited by the Liaison

1 Committee on Medical Education, the Committee on
2 Accreditation of Canadian Medical Schools in
3 conjunction with the Liaison Committee on Medical
4 Education, or the Bureau of Professional Education
5 of the American Osteopathic Association; and,
6 (iii) in addition thereto, has completed 24 months
7 ~~a course~~ of postgraduate clinical training ~~of not~~
8 ~~less than 24 months~~, as approved by the Department;
9 or

10 (b) that the applicant has studied medicine at
11 a medical or osteopathic college located outside
12 the United States, its territories, or Canada,
13 that the applicant, in addition to satisfying the
14 requirements of subparagraph (a), except for the
15 awarding of a degree, has completed all of the
16 formal requirements of a foreign medical school
17 except internship and social service and has
18 submitted an application to a medical college
19 accredited by the Liaison Committee on Medical
20 Education and submitted to such evaluation
21 procedures, including use of nationally recognized
22 medical student tests or tests devised by the
23 individual medical college, and that the applicant
24 has satisfactorily completed one academic year of
25 supervised clinical training under the direction
26 of such medical college; and, in addition thereto,

1 has completed 24 months ~~a course~~ of postgraduate
2 clinical training ~~of not less than 24 months~~, as
3 approved by the Department, and has complied with
4 any other standards established by rule.

5 (3) (Blank).

6 (4) Any person granted a temporary license
7 pursuant to Section 17 of this Act who shall
8 satisfactorily complete a course of postgraduate
9 clinical training and meet all of the requirements for
10 licensure shall be granted a permanent license
11 pursuant to Section 9.

12 (5) Notwithstanding any other provision of this
13 Section an individual holding a temporary license
14 under Section 17 of this Act shall be required to
15 satisfy the undergraduate medical and post-graduate
16 clinical training educational requirements in effect
17 on the date of their application for a temporary
18 license, provided they apply for a license under
19 Section 9 of this Act and satisfy all other
20 requirements of this Section while their temporary
21 license is in effect.

22 (B) Treating human ailments without drugs and without
23 operative surgery. For the practice of treating human
24 ailments without the use of drugs and without operative
25 surgery:

26 (1) For an applicant who was a resident student and

1 who is a graduate after July 1, 1926, of a chiropractic
2 college or institution, that such school, college or
3 institution, at the time of the applicant's graduation
4 required as a prerequisite to admission thereto a 4
5 year course of instruction in a high school, and, as a
6 prerequisite to graduation therefrom, a course of
7 instruction in the treatment of human ailments, of not
8 less than 132 weeks in duration and which shall have
9 been completed within a period of not less than 35
10 months except that as to students matriculating or
11 entering upon a course of chiropractic study during the
12 years 1940, 1941, 1942, 1943, 1944, 1945, 1946, and
13 1947, such elapsed time shall be not less than 32
14 months, such high school and such school, college or
15 institution having been reputable and in good standing
16 in the judgment of the Department.

17 (2) For an applicant who is a matriculant in a
18 chiropractic college after September 1, 1969, that
19 such applicant shall be required to complete a 2 year
20 course of instruction in a liberal arts college or its
21 equivalent and a course of instruction in a
22 chiropractic college in the treatment of human
23 ailments, such course, as a prerequisite to graduation
24 therefrom, having been not less than 132 weeks in
25 duration and shall have been completed within a period
26 of not less than 35 months, such college of liberal

1 arts and chiropractic college having been reputable
2 and in good standing in the judgment of the Department.

3 (3) For an applicant who is a graduate of a United
4 States chiropractic college after August 19, 1981, the
5 college of the applicant must be fully accredited by
6 the Commission on Accreditation of the Council on
7 Chiropractic Education or its successor at the time of
8 graduation. Such graduates shall be considered to have
9 met the minimum requirements which shall be in addition
10 to those requirements set forth in the rules and
11 regulations promulgated by the Department.

12 (4) For an applicant who is a graduate of a
13 chiropractic college in another country; that such
14 chiropractic college be equivalent to the standards of
15 education as set forth for chiropractic colleges
16 located in the United States.

17 (Source: P.A. 89-702, eff. 7-1-97; 90-818, eff. 3-23-99.)

18 (225 ILCS 60/15) (from Ch. 111, par. 4400-15)

19 (Section scheduled to be repealed on November 30, 2011)

20 Sec. 15. Chiropractic physician ~~Physician licensed to~~
21 ~~practice without drugs and operative surgery;~~ license for
22 general practice. Any chiropractic physician licensed under
23 this Act ~~to treat human ailments without the use of~~
24 ~~prescriptive drugs and operative surgery~~ shall be permitted to
25 take the examination for licensure as a physician to practice

1 medicine in all its branches and shall receive a license to
2 practice medicine in all of its branches if he or she shall
3 successfully pass such examination, upon proof of having
4 successfully completed in a medical college, osteopathic
5 college or chiropractic college reputable and in good standing
6 in the judgment of the Department, courses of instruction in
7 materia medica, therapeutics, surgery, obstetrics, and theory
8 and practice deemed by the Department to be equal to the
9 courses of instruction required in those subjects for admission
10 to the examination for a license to practice medicine in all of
11 its branches, together with proof of having completed (a) the 2
12 year course of instruction in a college of liberal arts, or its
13 equivalent, required under this Act, and (b) a course of
14 postgraduate clinical training of not less than 24 months as
15 approved by the Department.

16 (Source: P.A. 89-702, eff. 7-1-97.)

17 (225 ILCS 60/17) (from Ch. 111, par. 4400-17)

18 (Section scheduled to be repealed on November 30, 2011)

19 Sec. 17. Temporary license. Persons holding the degree of
20 Doctor of Medicine, persons holding the degree of Doctor of
21 Osteopathy or Doctor of Osteopathic Medicine, and persons
22 holding the degree of Doctor of Chiropractic or persons who
23 have satisfied the requirements therefor and are eligible to
24 receive such degree from a medical, osteopathic, or
25 chiropractic school, who wish to pursue programs of graduate or

1 specialty training in this State, may receive without
2 examination, in the discretion of the Department, a 3-year
3 temporary license. In order to receive a 3-year temporary
4 license hereunder, an applicant shall submit evidence ~~furnish~~
5 satisfactory ~~proof~~ to the Department that the applicant:

6 (A) Is of good moral character. In determining moral
7 character under this Section, the Department may take into
8 consideration whether the applicant has engaged in conduct
9 or activities which would constitute grounds for
10 discipline under this Act. The Department may also request
11 the applicant to submit, and may consider as evidence of
12 moral character, endorsements from 2 or 3 individuals
13 licensed under this Act;

14 (B) Has been accepted or appointed for specialty or
15 residency training by a hospital situated in this State or
16 a training program in hospitals or facilities maintained by
17 the State of Illinois or affiliated training facilities
18 which is approved by the Department for the purpose of such
19 training under this Act. The applicant shall indicate the
20 beginning and ending dates of the period for which the
21 applicant has been accepted or appointed;

22 (C) Has or will satisfy the professional education
23 requirements of Section 11 of this Act which are effective
24 at the date of application except for postgraduate clinical
25 training;

26 (D) Is physically, mentally, and professionally

1 capable of practicing medicine or treating human ailments
2 without the use of drugs and without ~~or~~ operative surgery
3 with reasonable judgment, skill, and safety. In
4 determining physical, mental and professional capacity
5 under this Section, the ~~Medical~~ Licensing Board may, upon a
6 showing of a possible incapacity, compel an applicant to
7 submit to a mental or physical examination and evaluation,
8 or both, and may condition or restrict any temporary
9 license, subject to the same terms and conditions as are
10 provided for the ~~Medical~~ Disciplinary Board under Section
11 22 of this Act. Any such condition of restricted temporary
12 license shall provide that the Chief Medical Coordinator or
13 Deputy Medical Coordinator shall have the authority to
14 review the subject physician's compliance with such
15 conditions or restrictions, including, where appropriate,
16 the physician's record of treatment and counseling
17 regarding the impairment, to the extent permitted by
18 applicable federal statutes and regulations safeguarding
19 the confidentiality of medical records of patients.

20 Three-year temporary licenses issued pursuant to this
21 Section shall be valid only for the period of time designated
22 therein, and may be extended or renewed pursuant to the rules
23 of the Department, and if a temporary license is thereafter
24 extended, it shall not extend beyond completion of the
25 residency program. The holder of a valid 3-year temporary
26 license shall be entitled thereby to perform only such acts as

1 may be prescribed by and incidental to his or her ~~their~~ program
2 of residency training; he or she ~~they~~ shall not be entitled to
3 otherwise engage in the practice of medicine in this State
4 unless fully licensed in this State.

5 A 3-year temporary license may be revoked by the Department
6 upon proof that the holder thereof has engaged in the practice
7 of medicine in this State outside of the program of his or her
8 ~~their~~ residency or specialty training, or if the holder shall
9 fail to supply the Department, within 10 days of its request,
10 with information as to his or her ~~their~~ current status and
11 activities in his or her ~~their~~ specialty training program.

12 (Source: P.A. 89-702, eff. 7-1-97; 90-54, eff. 7-3-97.)

13 (225 ILCS 60/18) (from Ch. 111, par. 4400-18)

14 (Section scheduled to be repealed on November 30, 2011)

15 Sec. 18. Visiting professor, physician, or resident
16 permits.

17 (A) Visiting professor permit.

18 (1) A visiting professor permit shall entitle a person
19 to practice medicine in all of its branches or to practice
20 the treatment of human ailments without the use of drugs
21 and without operative surgery provided:

22 (a) the person maintains an equivalent
23 authorization to practice medicine in all of its
24 branches or to practice the treatment of human ailments
25 without the use of drugs and without operative surgery

1 in good standing in his or her ~~their~~ native licensing
2 jurisdiction during the period of the visiting
3 professor permit;

4 (b) the person has received a faculty appointment
5 to teach in a medical, osteopathic or chiropractic
6 school in Illinois; and

7 (c) the Department may prescribe the information
8 necessary to establish an applicant's eligibility for
9 a permit. This information shall include without
10 limitation (i) a statement from the dean of the medical
11 school at which the applicant will be employed
12 describing the applicant's qualifications and (ii) a
13 statement from the dean of the medical school listing
14 every affiliated institution in which the applicant
15 will be providing instruction as part of the medical
16 school's education program and justifying any clinical
17 activities at each of the institutions listed by the
18 dean.

19 (2) Application for visiting professor permits shall
20 be made to the Department, in writing, on forms prescribed
21 by the Department and shall be accompanied by the required
22 fee established by rule, which shall not be refundable. Any
23 application shall require the information as, in the
24 judgment of the Department, will enable the Department to
25 pass on the qualifications of the applicant.

26 (3) A visiting professor permit shall be valid for no

1 longer than 2 years from the date of issuance or until the
2 time the faculty appointment is terminated, whichever
3 occurs first, and may be renewed only in accordance with
4 subdivision (A) (6) of this Section.

5 (4) The applicant may be required to appear before the
6 ~~Medical~~ Licensing Board for an interview prior to, and as a
7 requirement for, the issuance of the original permit and
8 the renewal.

9 (5) Persons holding a permit under this Section shall
10 only practice medicine in all of its branches or practice
11 the treatment of human ailments without the use of drugs
12 and without operative surgery in the State of Illinois in
13 their official capacity under their contract within the
14 medical school itself and any affiliated institution in
15 which the permit holder is providing instruction as part of
16 the medical school's educational program and for which the
17 medical school has assumed direct responsibility.

18 (6) After the initial renewal of a visiting professor
19 permit, a ~~A~~ visiting professor permit shall be valid until
20 the last day of the next physician license renewal period,
21 as set by rule, and may only be renewed for applicants who
22 meet the following requirements:

23 (i) have obtained the required continuing
24 education hours as set by rule; and

25 (ii) have paid the fee prescribed for a license
26 under Section 21 of this Act.

1 For initial renewal, the visiting professor must
2 successfully pass a general competency examination authorized
3 by the Department by rule, unless he or she was issued an
4 initial visiting professor permit on or after January 1, 2007,
5 but prior to July 1, 2007.

6 (B) Visiting physician permit.

7 (1) The Department may, in its discretion, issue a
8 temporary visiting physician permit, without examination,
9 provided:

10 (a) (blank);

11 (b) that the person maintains an equivalent
12 authorization to practice medicine in all of its
13 branches or to practice the treatment of human ailments
14 without the use of drugs and without operative surgery
15 in good standing in his or her native licensing
16 jurisdiction during the period of the temporary
17 visiting physician permit;

18 (c) that the person has received an invitation or
19 appointment to study, demonstrate, or perform a
20 specific medical, osteopathic, chiropractic or
21 clinical subject or technique in a medical,
22 osteopathic, or chiropractic school, a state or
23 national medical, osteopathic, or chiropractic
24 professional association or society conference or
25 meeting, a hospital licensed under the Hospital

1 Licensing Act, a hospital organized under the
2 University of Illinois Hospital Act, or a facility
3 operated pursuant to the Ambulatory Surgical Treatment
4 Center Act; and

5 (d) that the temporary visiting physician permit
6 shall only permit the holder to practice medicine in
7 all of its branches or practice the treatment of human
8 ailments without the use of drugs and without operative
9 surgery within the scope of the medical, osteopathic,
10 chiropractic, or clinical studies, or in conjunction
11 with the state or national medical, osteopathic, or
12 chiropractic professional association or society
13 conference or meeting, for which the holder was invited
14 or appointed.

15 (2) The application for the temporary visiting
16 physician permit shall be made to the Department, in
17 writing, on forms prescribed by the Department, and shall
18 be accompanied by the required fee established by rule,
19 which shall not be refundable. The application shall
20 require information that, in the judgment of the
21 Department, will enable the Department to pass on the
22 qualification of the applicant, and the necessity for the
23 granting of a temporary visiting physician permit.

24 (3) A temporary visiting physician permit shall be
25 valid for no longer than (i) 180 days from the date of
26 issuance or (ii) until the time the medical, osteopathic,

1 chiropractic, or clinical studies are completed, or the
2 state or national medical, osteopathic, or chiropractic
3 professional association or society conference or meeting
4 has concluded, whichever occurs first.

5 (4) The applicant for a temporary visiting physician
6 permit may be required to appear before the ~~Medical~~
7 Licensing Board for an interview prior to, and as a
8 requirement for, the issuance of a temporary visiting
9 physician permit.

10 (5) A limited temporary visiting physician permit
11 shall be issued to a physician licensed in another state
12 who has been requested to perform emergency procedures in
13 Illinois if he or she meets the requirements as established
14 by rule.

15 (C) Visiting resident permit.

16 (1) The Department may, in its discretion, issue a
17 temporary visiting resident permit, without examination,
18 provided:

19 (a) (blank);

20 (b) that the person maintains an equivalent
21 authorization to practice medicine in all of its
22 branches or to practice the treatment of human ailments
23 without the use of drugs and without operative surgery
24 in good standing in his or her native licensing
25 jurisdiction during the period of the temporary

1 visiting resident permit;

2 (c) that the applicant is enrolled in a
3 postgraduate clinical training program outside the
4 State of Illinois that is approved by the Department;

5 (d) that the individual has been invited or
6 appointed for a specific period of time to perform a
7 portion of that post graduate clinical training
8 program under the supervision of an Illinois licensed
9 physician in an Illinois patient care clinic or
10 facility that is affiliated with the out-of-State post
11 graduate training program; and

12 (e) that the temporary visiting resident permit
13 shall only permit the holder to practice medicine in
14 all of its branches or practice the treatment of human
15 ailments without the use of drugs and without operative
16 surgery within the scope of the medical, osteopathic,
17 chiropractic or clinical studies for which the holder
18 was invited or appointed.

19 (2) The application for the temporary visiting
20 resident permit shall be made to the Department, in
21 writing, on forms prescribed by the Department, and shall
22 be accompanied by the required fee established by rule. The
23 application shall require information that, in the
24 judgment of the Department, will enable the Department to
25 pass on the qualifications of the applicant.

26 (3) A temporary visiting resident permit shall be valid

1 for 180 days from the date of issuance or until the time
2 the medical, osteopathic, chiropractic, or clinical
3 studies are completed, whichever occurs first.

4 (4) The applicant for a temporary visiting resident
5 permit may be required to appear before the ~~Medical~~
6 Licensing Board for an interview prior to, and as a
7 requirement for, the issuance of a temporary visiting
8 resident permit.

9 (Source: P.A. 95-915, eff. 8-26-08; 96-398, eff. 8-13-09.)

10 (225 ILCS 60/19) (from Ch. 111, par. 4400-19)

11 (Section scheduled to be repealed on November 30, 2011)

12 Sec. 19. Licensure by endorsement ~~without examination~~. The
13 Department may, in its discretion, issue a license by
14 endorsement ~~without examination~~ to any person who is currently
15 licensed to practice medicine in all of its branches, or to
16 practice the treatment of human ailments without the use of
17 drugs and without ~~or~~ operative surgery, in any other state,
18 territory, country or province, upon the following conditions
19 and submitting evidence satisfactory to the Department of the
20 following:

21 (A) (Blank);

22 (B) That the applicant is of good moral character. In
23 determining moral character under this Section, the
24 Department may take into consideration whether the
25 applicant has engaged in conduct or activities which would

1 constitute grounds for discipline under this Act. The
2 Department may also request the applicant to submit, and
3 may consider as evidence of moral character, endorsements
4 from 2 or 3 individuals licensed under this Act;

5 (C) That the applicant is physically, mentally and
6 professionally capable of practicing medicine with
7 reasonable judgment, skill and safety. In determining
8 physical, mental and professional capacity under this
9 Section the ~~Medical~~ Licensing Board may, upon a showing of
10 a possible incapacity, compel an applicant to submit to a
11 mental or physical examination and evaluation, or both, in
12 the same manner as provided in Section 22 and may condition
13 or restrict any license, subject to the same terms and
14 conditions as are provided for the ~~Medical~~ Disciplinary
15 Board under Section 22 of this Act. ~~The Medical Licensing~~
16 ~~Board or the Department may order the examining physician~~
17 ~~to present testimony concerning this mental or physical~~
18 ~~examination of the applicant. No information shall be~~
19 ~~excluded by reason of any common law or statutory privilege~~
20 ~~relating to communications between the applicant and the~~
21 ~~examining physician. Any condition of restricted license~~
22 ~~shall provide that the Chief Medical Coordinator or Deputy~~
23 ~~Medical Coordinator shall have the authority to review the~~
24 ~~subject physician's compliance with such conditions or~~
25 ~~restrictions, including, where appropriate, the~~
26 ~~physician's record of treatment and counseling regarding~~

1 ~~the impairment, to the extent permitted by applicable~~
2 ~~federal statutes and regulations safeguarding the~~
3 ~~confidentiality of medical records of patients.~~

4 (D) That if the applicant seeks to practice medicine in
5 all of its branches:

6 (1) if the applicant was licensed in another
7 jurisdiction prior to January 1, 1988, that the
8 applicant has satisfied the educational requirements
9 of paragraph (1) of subsection (A) or paragraph (2) of
10 subsection (A) of Section 11 of this Act; or

11 (2) if the applicant was licensed in another
12 jurisdiction after December 31, 1987, that the
13 applicant has satisfied the educational requirements
14 of paragraph (A) (2) of Section 11 of this Act; and

15 (3) the requirements for a license to practice
16 medicine in all of its branches in the particular
17 state, territory, country or province in which the
18 applicant is licensed are deemed by the Department to
19 have been substantially equivalent to the requirements
20 for a license to practice medicine in all of its
21 branches in force in this State at the date of the
22 applicant's license;

23 (E) That if the applicant seeks to treat human ailments
24 without the use of drugs and without operative surgery:

25 (1) the applicant is a graduate of a chiropractic
26 school or college approved by the Department at the

1 time of their graduation;

2 (2) the requirements for the applicant's license
3 to practice the treatment of human ailments without the
4 use of drugs and without operative surgery are deemed
5 by the Department to have been substantially
6 equivalent to the requirements for a license to
7 practice in this State at the date of the applicant's
8 license;

9 (F) That the Department may, in its discretion, issue a
10 license by endorsement, ~~without examination~~, to any
11 graduate of a medical or osteopathic college, reputable and
12 in good standing in the judgment of the Department, who has
13 passed an examination for admission to the United States
14 Public Health Service, or who has passed any other
15 examination deemed by the Department to have been at least
16 equal in all substantial respects to the examination
17 required for admission to any such medical corps;

18 (G) That applications for licenses by endorsement
19 ~~without examination~~ shall be filed with the Department,
20 under oath, on forms prepared and furnished by the
21 Department, and shall set forth, and applicants therefor
22 shall supply such information respecting the life,
23 education, professional practice, and moral character of
24 applicants as the Department may require to be filed for
25 its use;

26 (H) That the applicant undergo the criminal background

1 check established under Section 9.7 of this Act.

2 In the exercise of its discretion under this Section, the
3 Department is empowered to consider and evaluate each applicant
4 on an individual basis. It may take into account, among other
5 things, the extent to which there is or is not available to the
6 Department, authentic and definitive information concerning
7 the quality of medical education and clinical training which
8 the applicant has had. Under no circumstances shall a license
9 be issued under the provisions of this Section to any person
10 who has previously taken and failed the written examination
11 conducted by the Department for such license. In the exercise
12 of its discretion under this Section, the Department may
13 require an applicant to successfully complete an examination as
14 recommended by the Licensing Board. ~~In determining moral~~
15 ~~character, the Department may take into consideration whether~~
16 ~~the applicant has engaged in conduct or activities which would~~
17 ~~constitute grounds for discipline under this Act.~~ The
18 Department may also request the applicant to submit, and may
19 consider as evidence of moral character, evidence from 2 or 3
20 individuals licensed under this Act. Applicants have 3 years
21 from the date of application to complete the application
22 process. If the process has not been completed within 3 years,
23 the application shall be denied, the fees shall be forfeited,
24 and the applicant must reapply and meet the requirements in
25 effect at the time of reapplication.

26 (Source: P.A. 89-702, eff. 7-1-97; 90-722, eff. 1-1-99.)

1 (225 ILCS 60/20) (from Ch. 111, par. 4400-20)

2 (Section scheduled to be repealed on November 30, 2011)

3 Sec. 20. Continuing education. The Department shall
4 promulgate rules of continuing education for persons licensed
5 under this Act that require an average of 50 ~~150~~ hours of
6 continuing education per license year ~~renewal cycle~~. These
7 rules shall be consistent with requirements of relevant
8 professional associations, specialty ~~speciality~~ societies, or
9 boards. The rules shall also address variances in part or in
10 whole for good cause, including, but not limited to, temporary
11 illness or hardship. In establishing these rules, the
12 Department shall consider educational requirements for medical
13 staffs, requirements for specialty society board certification
14 or for continuing education requirements as a condition of
15 membership in societies representing the 2 categories of
16 licensee under this Act. These rules shall assure that
17 licensees are given the opportunity to participate in those
18 programs sponsored by or through their professional
19 associations or hospitals which are relevant to their practice.
20 Each licensee is responsible for maintaining records of
21 completion of continuing education and shall be prepared to
22 produce the records when requested by the Department.

23 (Source: P.A. 92-750, eff. 1-1-03.)

24 (225 ILCS 60/21) (from Ch. 111, par. 4400-21)

1 (Section scheduled to be repealed on November 30, 2011)

2 Sec. 21. License renewal; restoration; inactive status;
3 disposition and collection of fees.

4 (A) Renewal. The expiration date and renewal period for
5 each license issued under this Act shall be set by rule. The
6 holder of a license may renew the license by paying the
7 required fee. The holder of a license may also renew the
8 license within 90 days after its expiration by complying with
9 the requirements for renewal and payment of an additional fee.
10 A license renewal within 90 days after expiration shall be
11 effective retroactively to the expiration date.

12 The Department shall mail to each licensee under this Act,
13 at his or her ~~last known~~ address of record, at least 60 days in
14 advance of the expiration date of his or her license, a renewal
15 notice ~~of that fact and an application for renewal form~~. No
16 such license shall be deemed to have lapsed until 90 days after
17 the expiration date and after such notice has ~~and application~~
18 ~~have~~ been mailed by the Department as herein provided.

19 (B) Restoration. Any licensee who has permitted his or her
20 license to lapse or who has had his or her license on inactive
21 status may have his or her license restored by making
22 application to the Department and filing proof acceptable to
23 the Department of his or her fitness to have the license
24 restored, including evidence certifying to active practice in
25 another jurisdiction satisfactory to the Department, proof of
26 meeting the continuing education requirements for one renewal

1 period, and by paying the required restoration fee.

2 If the licensee has not maintained an active practice in
3 another jurisdiction satisfactory to the Department, the
4 Licensing Board shall determine, by an evaluation program
5 established by rule, the applicant's fitness to resume active
6 status and may require the licensee to complete a period of
7 evaluated clinical experience and may require successful
8 completion of a ~~the~~ practical examination specified by the
9 Licensing Board.

10 However, any registrant whose license has expired while he
11 or she has been engaged (a) in Federal Service on active duty
12 with the Army of the United States, the United States Navy, the
13 Marine Corps, the Air Force, the Coast Guard, the Public Health
14 Service or the State Militia called into the service or
15 training of the United States of America, or (b) in training or
16 education under the supervision of the United States
17 preliminary to induction into the military service, may have
18 his or her license reinstated or restored without paying any
19 lapsed renewal fees, if within 2 years after honorable
20 termination of such service, training, or education, he or she
21 furnishes to the Department with satisfactory evidence to the
22 effect that he or she has been so engaged and that his or her
23 service, training, or education has been so terminated.

24 (C) Inactive licenses. Any licensee who notifies the
25 Department, in writing on forms prescribed by the Department,
26 may elect to place his or her license on an inactive status and

1 shall, subject to rules of the Department, be excused from
2 payment of renewal fees until he or she notifies the Department
3 in writing of his or her desire to resume active status.

4 Any licensee requesting restoration from inactive status
5 shall be required to pay the current renewal fee, provide proof
6 of meeting the continuing education requirements for the period
7 of time the license is inactive not to exceed one renewal
8 period, and shall be required to restore his or her license as
9 provided in subsection (B).

10 Any licensee whose license is in an inactive status shall
11 not practice in the State of Illinois.

12 (D) Disposition of monies collected. All monies collected
13 under this Act by the Department shall be deposited in the
14 Illinois State Medical Disciplinary Fund in the State Treasury,
15 and used only for the following purposes: (a) by the ~~Medical~~
16 Disciplinary Board and Licensing Board in the exercise of its
17 powers and performance of its duties, as such use is made by
18 the Department with full consideration of all recommendations
19 of the ~~Medical~~ Disciplinary Board and Licensing Board, (b) for
20 costs directly related to persons licensed under this Act, and
21 (c) for direct and allocable indirect costs related to the
22 public purposes of the Department ~~of Professional Regulation~~.

23 Moneys in the Fund may be transferred to the Professions
24 Indirect Cost Fund as authorized under Section 2105-300 of the
25 Department of Professional Regulation Law (20 ILCS
26 2105/2105-300).

1 All earnings received from investment of monies in the
2 Illinois State Medical Disciplinary Fund shall be deposited in
3 the Illinois State Medical Disciplinary Fund and shall be used
4 for the same purposes as fees deposited in such Fund.

5 (E) Fees. The following fees are nonrefundable.

6 (1) Applicants for any examination shall be required to
7 pay, either to the Department or to the designated testing
8 service, a fee covering the cost of determining the
9 applicant's eligibility and providing the examination.
10 Failure to appear for the examination on the scheduled
11 date, at the time and place specified, after the
12 applicant's application for examination has been received
13 and acknowledged by the Department or the designated
14 testing service, shall result in the forfeiture of the
15 examination fee.

16 (2) The fee for a license under Section 9 of this Act
17 is \$300.

18 (3) The fee for a license under Section 19 of this Act
19 is \$300.

20 (4) The fee for the renewal of a license for a resident
21 of Illinois shall be calculated at the rate of \$100 per
22 year, except for licensees who were issued a license within
23 12 months of the expiration date of the license, the fee
24 for the renewal shall be \$100. The fee for the renewal of a
25 license for a nonresident shall be calculated at the rate
26 of \$200 per year, except for licensees who were issued a

1 license within 12 months of the expiration date of the
2 license, the fee for the renewal shall be \$200.

3 (5) The fee for the restoration of a license other than
4 from inactive status, is \$100. In addition, payment of all
5 lapsed renewal fees not to exceed \$600 is required.

6 (6) The fee for a 3-year temporary license under
7 Section 17 is \$100.

8 (7) The fee for the issuance of a duplicate license,
9 for the issuance of a replacement license for a license
10 which has been lost or destroyed, or for the issuance of a
11 license with a change of name or address other than during
12 the renewal period is \$20. No fee is required for name and
13 address changes on Department records when no duplicate
14 license is issued.

15 (8) The fee to be paid for a license record for any
16 purpose is \$20.

17 (9) The fee to be paid to have the scoring of an
18 examination, administered by the Department, reviewed and
19 verified, is \$20 plus any fees charged by the applicable
20 testing service.

21 (10) The fee to be paid by a licensee for a wall
22 certificate showing his or her license shall be the actual
23 cost of producing the certificate.

24 (11) The fee for a roster of persons licensed as
25 physicians in this State shall be the actual cost of
26 producing such a roster.

1 (F) Any person who delivers a check or other payment to the
2 Department that is returned to the Department unpaid by the
3 financial institution upon which it is drawn shall pay to the
4 Department, in addition to the amount already owed to the
5 Department, a fine of \$50. The fines imposed by this Section
6 are in addition to any other discipline provided under this Act
7 for unlicensed practice or practice on a nonrenewed license.
8 The Department shall notify the person that payment of fees and
9 fines shall be paid to the Department by certified check or
10 money order within 30 calendar days of the notification. If,
11 after the expiration of 30 days from the date of the
12 notification, the person has failed to submit the necessary
13 remittance, the Department shall automatically terminate the
14 license or certificate or deny the application, without
15 hearing. If, after termination or denial, the person seeks a
16 license or certificate, he or she shall apply to the Department
17 for restoration or issuance of the license or certificate and
18 pay all fees and fines due to the Department. The Department
19 may establish a fee for the processing of an application for
20 restoration of a license or certificate to pay all expenses of
21 processing this application. The Secretary ~~Director~~ may waive
22 the fines due under this Section in individual cases where the
23 Secretary ~~Director~~ finds that the fines would be unreasonable
24 or unnecessarily burdensome.

25 (Source: P.A. 91-239, eff. 1-1-00; 91-357, eff. 7-29-99; 92-16,
26 eff. 6-28-01; 92-146, eff. 1-1-02.)

1 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

2 (Section scheduled to be repealed on November 30, 2011)

3 (Text of Section WITH the changes made by P.A. 94-677,
4 which has been held unconstitutional)

5 Sec. 22. Disciplinary action.

6 (A) The Department may revoke, suspend, place on probation
7 ~~probationary status~~, reprimand, refuse to issue or renew, or
8 take any other disciplinary or non-disciplinary action as the
9 Department may deem proper with regard to the license or
10 ~~visiting professor~~ permit of any person issued under this Act
11 to practice medicine, or to treat human ailments without the
12 use of drugs and without operative surgery, including imposing
13 finer not to exceed \$10,000 for each violation, upon any of the
14 following grounds:

15 (1) Performance of an elective abortion in any place,
16 locale, facility, or institution other than:

17 (a) a facility licensed pursuant to the Ambulatory
18 Surgical Treatment Center Act;

19 (b) an institution licensed under the Hospital
20 Licensing Act;

21 (c) an ambulatory surgical treatment center or
22 hospitalization or care facility maintained by the
23 State or any agency thereof, where such department or
24 agency has authority under law to establish and enforce
25 standards for the ambulatory surgical treatment

1 centers, hospitalization, or care facilities under its
2 management and control;

3 (d) ambulatory surgical treatment centers,
4 hospitalization or care facilities maintained by the
5 Federal Government; or

6 (e) ambulatory surgical treatment centers,
7 hospitalization or care facilities maintained by any
8 university or college established under the laws of
9 this State and supported principally by public funds
10 raised by taxation.

11 (2) Performance of an abortion procedure in a wilful
12 and wanton manner on a woman who was not pregnant at the
13 time the abortion procedure was performed.

14 (3) A plea of guilty or nolo contendere, finding of
15 guilt, jury verdict, or entry of judgment or sentencing of
16 any crime, including, but not limited to, convictions,
17 preceding sentences of supervision, conditional discharge,
18 or first offender probation, under the laws of any
19 jurisdiction of the United States that is a felony. ~~The~~
20 ~~conviction of a felony in this or any other jurisdiction,~~
21 ~~except as otherwise provided in subsection B of this~~
22 ~~Section, whether or not related to practice under this Act,~~
23 ~~or the entry of a guilty or nolo contendere plea to a~~
24 ~~felony charge.~~

25 (4) Gross negligence in practice under this Act.

26 (5) Engaging in dishonorable, unethical or

1 unprofessional conduct of a character likely to deceive,
2 defraud or harm the public.

3 (6) Obtaining any fee by fraud, deceit, or
4 misrepresentation.

5 (7) Habitual or excessive use or abuse of drugs defined
6 in law as controlled substances, of alcohol, or of any
7 other substances which results in the inability to practice
8 with reasonable judgment, skill or safety.

9 (8) Practicing under a false or, except as provided by
10 law, an assumed name.

11 (9) Fraud or misrepresentation in applying for, or
12 procuring, a license under this Act or in connection with
13 applying for renewal of a license under this Act.

14 (10) Making a false or misleading statement regarding
15 their skill or the efficacy or value of the medicine,
16 treatment, or remedy prescribed by them at their direction
17 in the treatment of any disease or other condition of the
18 body or mind.

19 (11) Allowing another person or organization to use
20 their license, procured under this Act, to practice.

21 (12) Disciplinary action of another state or
22 jurisdiction against a license or other authorization to
23 practice as a medical doctor, doctor of osteopathy, doctor
24 of osteopathic medicine or doctor of chiropractic, a
25 certified copy of the record of the action taken by the
26 other state or jurisdiction being prima facie evidence

1 thereof.

2 (13) Violation of any provision of this Act or of the
3 Medical Practice Act prior to the repeal of that Act, or
4 violation of the rules, or a final administrative action of
5 the Secretary, after consideration of the recommendation
6 of the Disciplinary Board.

7 (14) Violation of the prohibition against fee
8 splitting in Section 22.2 of this Act.

9 (15) A finding by the ~~Medical~~ Disciplinary Board that
10 the registrant after having his or her license placed on
11 probationary status or subjected to conditions or
12 restrictions violated the terms of the probation or failed
13 to comply with such terms or conditions.

14 (16) Abandonment of a patient.

15 (17) Prescribing, selling, administering,
16 distributing, giving or self-administering any drug
17 classified as a controlled substance (designated product)
18 or narcotic for other than medically accepted therapeutic
19 purposes.

20 (18) Promotion of the sale of drugs, devices,
21 appliances or goods provided for a patient in such manner
22 as to exploit the patient for financial gain of the
23 physician.

24 (19) Offering, undertaking or agreeing to cure or treat
25 disease by a secret method, procedure, treatment or
26 medicine, or the treating, operating or prescribing for any

1 human condition by a method, means or procedure which the
2 licensee refuses to divulge upon demand of the Department.

3 (20) Immoral conduct in the commission of any act
4 including, but not limited to, commission of an act of
5 sexual misconduct related to the licensee's practice.

6 (21) Wilfully making or filing false records or reports
7 in his or her practice as a physician, including, but not
8 limited to, false records to support claims against the
9 medical assistance program of the Department of Healthcare
10 and Family Services (formerly Department of Public Aid)
11 under the Illinois Public Aid Code.

12 (22) Wilful omission to file or record, or wilfully
13 impeding the filing or recording, or inducing another
14 person to omit to file or record, medical reports as
15 required by law, or wilfully failing to report an instance
16 of suspected abuse or neglect as required by law.

17 (23) Being named as a perpetrator in an indicated
18 report by the Department of Children and Family Services
19 under the Abused and Neglected Child Reporting Act, and
20 upon proof by clear and convincing evidence that the
21 licensee has caused a child to be an abused child or
22 neglected child as defined in the Abused and Neglected
23 Child Reporting Act.

24 (24) Solicitation of professional patronage by any
25 corporation, agents or persons, or profiting from those
26 representing themselves to be agents of the licensee.

1 (25) Gross and wilful and continued overcharging for
2 professional services, including filing false statements
3 for collection of fees for which services are not rendered,
4 including, but not limited to, filing such false statements
5 for collection of monies for services not rendered from the
6 medical assistance program of the Department of Healthcare
7 and Family Services (formerly Department of Public Aid)
8 under the Illinois Public Aid Code.

9 (26) A pattern of practice or other behavior which
10 demonstrates incapacity or incompetence to practice under
11 this Act.

12 (27) Mental illness or disability which results in the
13 inability to practice under this Act with reasonable
14 judgment, skill or safety.

15 (28) Physical illness, including, but not limited to,
16 deterioration through the aging process, or loss of motor
17 skill which results in a physician's inability to practice
18 under this Act with reasonable judgment, skill or safety.

19 (29) Cheating on or attempt to subvert the licensing
20 examinations administered under this Act.

21 (30) Wilfully or negligently violating the
22 confidentiality between physician and patient except as
23 required by law.

24 (31) The use of any false, fraudulent, or deceptive
25 statement in any document connected with practice under
26 this Act.

1 (32) Aiding and abetting an individual not licensed
2 under this Act in the practice of a profession licensed
3 under this Act.

4 (33) Violating state or federal laws or regulations
5 relating to controlled substances, legend drugs, or
6 ephedra~~r~~ as defined in the Ephedra Prohibition Act.

7 (34) Failure to report to the Department any adverse
8 final action taken against them by another licensing
9 jurisdiction (any other state or any territory of the
10 United States or any foreign state or country), by any peer
11 review body, by any health care institution, by any
12 professional society or association related to practice
13 under this Act, by any governmental agency, by any law
14 enforcement agency, or by any court for acts or conduct
15 similar to acts or conduct which would constitute grounds
16 for action as defined in this Section.

17 (35) Failure to report to the Department surrender of a
18 license or authorization to practice as a medical doctor, a
19 doctor of osteopathy, a doctor of osteopathic medicine, or
20 doctor of chiropractic in another state or jurisdiction, or
21 surrender of membership on any medical staff or in any
22 medical or professional association or society, while
23 under disciplinary investigation by any of those
24 authorities or bodies, for acts or conduct similar to acts
25 or conduct which would constitute grounds for action as
26 defined in this Section.

1 (36) Failure to report to the Department any adverse
2 judgment, settlement, or award arising from a liability
3 claim related to acts or conduct similar to acts or conduct
4 which would constitute grounds for action as defined in
5 this Section.

6 (37) Failure to provide copies of medical records as
7 required by law.

8 (38) Failure to furnish the Department, its
9 investigators or representatives, relevant information,
10 legally requested by the Department after consultation
11 with the Chief Medical Coordinator or the Deputy Medical
12 Coordinator.

13 (39) Violating the Health Care Worker Self-Referral
14 Act.

15 (40) Willful failure to provide notice when notice is
16 required under the Parental Notice of Abortion Act of 1995.

17 (41) Failure to establish and maintain records of
18 patient care and treatment as required by this law.

19 (42) Entering into an excessive number of written
20 collaborative agreements with licensed advanced practice
21 nurses resulting in an inability to adequately
22 collaborate.

23 (43) Repeated failure to adequately collaborate with a
24 licensed advanced practice nurse.

25 Except for actions involving the ground numbered (26), all
26 proceedings to suspend, revoke, place on probationary status,

1 or take any other disciplinary action as the Department may
2 deem proper, with regard to a license on any of the foregoing
3 grounds, must be commenced within 5 years next after receipt by
4 the Department of a complaint alleging the commission of or
5 notice of the conviction order for any of the acts described
6 herein. Except for the grounds numbered (8), (9), (26), and
7 (29), no action shall be commenced more than 10 years after the
8 date of the incident or act alleged to have violated this
9 Section. For actions involving the ground numbered (26), a
10 pattern of practice or other behavior includes all incidents
11 alleged to be part of the pattern of practice or other behavior
12 that occurred, or a report pursuant to Section 23 of this Act
13 received, within the 10-year period preceding the filing of the
14 complaint. In the event of the settlement of any claim or cause
15 of action in favor of the claimant or the reduction to final
16 judgment of any civil action in favor of the plaintiff, such
17 claim, cause of action or civil action being grounded on the
18 allegation that a person licensed under this Act was negligent
19 in providing care, the Department shall have an additional
20 period of 2 years from the date of notification to the
21 Department under Section 23 of this Act of such settlement or
22 final judgment in which to investigate and commence formal
23 disciplinary proceedings under Section 36 of this Act, except
24 as otherwise provided by law. The time during which the holder
25 of the license was outside the State of Illinois shall not be
26 included within any period of time limiting the commencement of

1 disciplinary action by the Department.

2 The entry of an order or judgment by any circuit court
3 establishing that any person holding a license under this Act
4 is a person in need of mental treatment operates as a
5 suspension of that license. That person may resume their
6 practice only upon the entry of a Departmental order based upon
7 a finding by the ~~Medical~~ Disciplinary Board that they have been
8 determined to be recovered from mental illness by the court and
9 upon the Disciplinary Board's recommendation that they be
10 permitted to resume their practice.

11 The Department may refuse to issue or take disciplinary
12 action concerning the license of any person who fails to file a
13 return, or to pay the tax, penalty or interest shown in a filed
14 return, or to pay any final assessment of tax, penalty or
15 interest, as required by any tax Act administered by the
16 Illinois Department of Revenue, until such time as the
17 requirements of any such tax Act are satisfied as determined by
18 the Illinois Department of Revenue.

19 The Department, upon the recommendation of the
20 Disciplinary Board, shall adopt rules which set forth standards
21 to be used in determining:

22 (a) when a person will be deemed sufficiently
23 rehabilitated to warrant the public trust;

24 (b) what constitutes dishonorable, unethical or
25 unprofessional conduct of a character likely to deceive,
26 defraud, or harm the public;

1 (c) what constitutes immoral conduct in the commission
2 of any act, including, but not limited to, commission of an
3 act of sexual misconduct related to the licensee's
4 practice; and

5 (d) what constitutes gross negligence in the practice
6 of medicine.

7 However, no such rule shall be admissible into evidence in
8 any civil action except for review of a licensing or other
9 disciplinary action under this Act.

10 In enforcing this Section, the ~~Medical~~ Disciplinary Board
11 or the Licensing Board, upon a showing of a possible violation,
12 may compel, in the case of the Disciplinary Board, any
13 individual who is licensed to practice under this Act or holds
14 a permit to practice under this Act, or, in the case of the
15 Licensing Board, any individual who has applied for licensure
16 or a permit pursuant to this Act, to submit to a mental or
17 physical examination and evaluation, or both, which may include
18 a substance abuse or sexual offender evaluation, as required by
19 the Licensing Board or Disciplinary Board and at the expense of
20 the Department. The Disciplinary Board or Licensing Board shall
21 specifically designate the examining physician licensed to
22 practice medicine in all of its branches or, if applicable, the
23 multidisciplinary team involved in providing the mental or
24 physical examination and evaluation, or both. The
25 multidisciplinary team shall be led by a physician licensed to
26 practice medicine in all of its branches and may consist of one

1 or more or a combination of physicians licensed to practice
2 medicine in all of its branches, licensed chiropractic
3 physicians, licensed clinical psychologists, licensed clinical
4 social workers, licensed clinical professional counselors, and
5 other professional and administrative staff. Any examining
6 physician or member of the multidisciplinary team may require
7 any person ordered to submit to an examination and evaluation
8 pursuant to this Section to submit to any additional
9 supplemental testing deemed necessary to complete any
10 examination or evaluation process, including, but not limited
11 to, blood testing, urinalysis, psychological testing, or
12 neuropsychological testing. ~~The examining physician or~~
13 ~~physicians shall be those specifically designated by the~~
14 ~~Disciplinary Board. The ~~Medical~~ Disciplinary Board, the~~
15 ~~Licensing Board,~~ or the Department may order the examining
16 physician or any member of the multidisciplinary team to
17 provide to the Department, the Disciplinary Board, or the
18 Licensing Board any and all records, including business
19 records, that relate to the examination and evaluation,
20 including any supplemental testing performed. The Disciplinary
21 Board, the Licensing Board, or the Department may order the
22 examining physician or any member of the multidisciplinary team
23 to present testimony concerning this ~~mental or physical~~
24 examination and evaluation of the licensee, permit holder, or
25 applicant, including testimony concerning any supplemental
26 testing or documents relating to the examination and

1 evaluation. No information, report, record, or other documents
2 in any way related to the examination and evaluation shall be
3 excluded by reason of any common law or statutory privilege
4 relating to communication between the licensee or applicant and
5 the examining physician or any member of the multidisciplinary
6 team. No authorization is necessary from the licensee, permit
7 holder, or applicant ordered to undergo an evaluation and
8 examination for the examining physician or any member of the
9 multidisciplinary team to provide information, reports,
10 records, or other documents or to provide any testimony
11 regarding the examination and evaluation. The individual to be
12 examined may have, at his or her own expense, another physician
13 of his or her choice present during all aspects of the
14 examination. Failure of any individual to submit to mental or
15 physical examination and evaluation, or both, when directed,
16 shall result in an automatic ~~be grounds for~~ suspension, without
17 hearing, ~~of his or her license~~ until such time as the
18 individual submits to the examination ~~if the Disciplinary Board~~
19 ~~finds, after notice and hearing, that the refusal to submit to~~
20 ~~the examination was without reasonable cause.~~ If the
21 Disciplinary Board finds a physician unable to practice because
22 of the reasons set forth in this Section, the Disciplinary
23 Board shall require such physician to submit to care,
24 counseling, or treatment by physicians approved or designated
25 by the Disciplinary Board, as a condition for continued,
26 reinstated, or renewed licensure to practice. Any physician,

1 whose license was granted pursuant to Sections 9, 17, or 19 of
2 this Act, or, continued, reinstated, renewed, disciplined or
3 supervised, subject to such terms, conditions or restrictions
4 who shall fail to comply with such terms, conditions or
5 restrictions, or to complete a required program of care,
6 counseling, or treatment, as determined by the Chief Medical
7 Coordinator or Deputy Medical Coordinators, shall be referred
8 to the Secretary for a determination as to whether the licensee
9 shall have their license suspended immediately, pending a
10 hearing by the Disciplinary Board. In instances in which the
11 Secretary immediately suspends a license under this Section, a
12 hearing upon such person's license must be convened by the
13 Disciplinary Board within 15 days after such suspension and
14 completed without appreciable delay. The Disciplinary Board
15 shall have the authority to review the subject physician's
16 record of treatment and counseling regarding the impairment, to
17 the extent permitted by applicable federal statutes and
18 regulations safeguarding the confidentiality of medical
19 records.

20 An individual licensed under this Act, affected under this
21 Section, shall be afforded an opportunity to demonstrate to the
22 Disciplinary Board that they can resume practice in compliance
23 with acceptable and prevailing standards under the provisions
24 of their license.

25 The Department may promulgate rules for the imposition of
26 fines in disciplinary cases, not to exceed \$10,000 for each

1 violation of this Act. Fines may be imposed in conjunction with
2 other forms of disciplinary action, but shall not be the
3 exclusive disposition of any disciplinary action arising out of
4 conduct resulting in death or injury to a patient. Any funds
5 collected from such fines shall be deposited in the Medical
6 Disciplinary Fund.

7 (B) The Department shall revoke the license or ~~visiting~~
8 permit ~~of any person~~ issued under this Act to practice medicine
9 or to treat human ailments without the use of drugs and without
10 operative surgery of any person, who has been convicted a
11 second time of committing any felony under the Illinois
12 Controlled Substances Act or the Methamphetamine Control and
13 Community Protection Act, or who has been convicted a second
14 time of committing a Class 1 felony under Sections 8A-3 and
15 8A-6 of the Illinois Public Aid Code. A person whose license or
16 ~~visiting~~ permit is revoked under this subsection B ~~of Section~~
17 ~~22 of this Act~~ shall be prohibited from practicing medicine or
18 treating human ailments without the use of drugs and without
19 operative surgery.

20 (C) The ~~Medical~~ Disciplinary Board shall recommend to the
21 Department civil penalties and any other appropriate
22 discipline in disciplinary cases when the Board finds that a
23 physician willfully performed an abortion with actual
24 knowledge that the person upon whom the abortion has been
25 performed is a minor or an incompetent person without notice as
26 required under the Parental Notice of Abortion Act of 1995.

1 Upon the Board's recommendation, the Department shall impose,
2 for the first violation, a civil penalty of \$1,000 and for a
3 second or subsequent violation, a civil penalty of \$5,000.

4 (Source: P.A. 94-566, eff. 9-11-05; 94-677, eff. 8-25-05;
5 95-331, eff. 8-21-07; 96-608, eff. 8-24-09; 96-1000, eff.
6 7-2-10.)

7 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

8 (Section scheduled to be repealed on November 30, 2011)

9 (Text of Section WITH the changes made by P.A. 94-677,
10 which has been held unconstitutional, and by P.A. 96-1372,
11 which amended language added by P.A. 94-677)

12 Sec. 23. Reports relating to professional conduct and
13 capacity.

14 (A) Entities required to report.

15 (1) Health care institutions. The chief administrator
16 or executive officer of any health care institution
17 licensed by the Illinois Department of Public Health shall
18 report to the Disciplinary Board when any person's clinical
19 privileges are terminated or are restricted based on a
20 final determination made, in accordance with that
21 institution's by-laws or rules and regulations, that a
22 person has either committed an act or acts which may
23 directly threaten patient care, ~~and not of an~~
24 ~~administrative nature,~~ or that a person may be mentally or
25 physically disabled in such a manner as to endanger

1 patients under that person's care. Such officer also shall
2 report if a person accepts voluntary termination or
3 restriction of clinical privileges in lieu of formal action
4 based upon conduct related directly to patient care ~~and not~~
5 ~~of an administrative nature,~~ or in lieu of formal action
6 seeking to determine whether a person may be mentally or
7 physically disabled in such a manner as to endanger
8 patients under that person's care. The ~~Medical~~
9 Disciplinary Board shall, by rule, provide for the
10 reporting to it by health care institutions of all
11 instances in which a person, licensed under this Act, who
12 is impaired by reason of age, drug or alcohol abuse or
13 physical or mental impairment, is under supervision and,
14 where appropriate, is in a program of rehabilitation. Such
15 reports shall be strictly confidential and may be reviewed
16 and considered only by the members of the Disciplinary
17 Board, or by authorized staff as provided by rules of the
18 Disciplinary Board. Provisions shall be made for the
19 periodic report of the status of any such person not less
20 than twice annually in order that the Disciplinary Board
21 shall have current information upon which to determine the
22 status of any such person. Such initial and periodic
23 reports of impaired physicians shall not be considered
24 records within the meaning of The State Records Act and
25 shall be disposed of, following a determination by the
26 Disciplinary Board that such reports are no longer

1 required, in a manner and at such time as the Disciplinary
2 Board shall determine by rule. The filing of such reports
3 shall be construed as the filing of a report for purposes
4 of subsection (C) of this Section.

5 (2) Professional associations. The President or chief
6 executive officer of any association or society, of persons
7 licensed under this Act, operating within this State shall
8 report to the Disciplinary Board when the association or
9 society renders a final determination that a person has
10 committed unprofessional conduct related directly to
11 patient care or that a person may be mentally or physically
12 disabled in such a manner as to endanger patients under
13 that person's care.

14 (3) Professional liability insurers. Every insurance
15 company which offers policies of professional liability
16 insurance to persons licensed under this Act, or any other
17 entity which seeks to indemnify the professional liability
18 of a person licensed under this Act, shall report to the
19 Disciplinary Board the settlement of any claim or cause of
20 action, or final judgment rendered in any cause of action,
21 which alleged negligence in the furnishing of medical care
22 by such licensed person when such settlement or final
23 judgment is in favor of the plaintiff.

24 (4) State's Attorneys. The State's Attorney of each
25 county shall report to the Disciplinary Board, within 5
26 days, any ~~all~~ instances in which a person licensed under

1 this Act is convicted ~~or otherwise found guilty of the~~
2 ~~commission~~ of any felony or Class A misdemeanor. The
3 State's Attorney of each county may report to the
4 Disciplinary Board through a verified complaint any
5 instance in which the State's Attorney believes that a
6 physician has willfully violated the notice requirements
7 of the Parental Notice of Abortion Act of 1995.

8 (5) State agencies. All agencies, boards, commissions,
9 departments, or other instrumentalities of the government
10 of the State of Illinois shall report to the Disciplinary
11 Board any instance arising in connection with the
12 operations of such agency, including the administration of
13 any law by such agency, in which a person licensed under
14 this Act has either committed an act or acts which may be a
15 violation of this Act or which may constitute
16 unprofessional conduct related directly to patient care or
17 which indicates that a person licensed under this Act may
18 be mentally or physically disabled in such a manner as to
19 endanger patients under that person's care.

20 (B) Mandatory reporting. All reports required by items
21 (34), (35), and (36) of subsection (A) of Section 22 and by
22 Section 23 shall be submitted to the Disciplinary Board in a
23 timely fashion. Unless otherwise provided in this Section, the
24 ~~The~~ reports shall be filed in writing within 60 days after a
25 determination that a report is required under this Act. All
26 reports shall contain the following information:

1 (1) The name, address and telephone number of the
2 person making the report.

3 (2) The name, address and telephone number of the
4 person who is the subject of the report.

5 (3) The name and date of birth of any patient or
6 patients whose treatment is a subject of the report, if
7 available, or other means of identification if such
8 information is not available, identification of the
9 hospital or other healthcare facility where the care at
10 issue in the report was rendered, provided, however, no
11 medical records may be revealed.

12 (4) A brief description of the facts which gave rise to
13 the issuance of the report, including the dates of any
14 occurrences deemed to necessitate the filing of the report.

15 (5) If court action is involved, the identity of the
16 court in which the action is filed, along with the docket
17 number and date of filing of the action.

18 (6) Any further pertinent information which the
19 reporting party deems to be an aid in the evaluation of the
20 report.

21 The Disciplinary Board or Department may also exercise the
22 power under Section 38 of this Act to subpoena copies of
23 hospital or medical records in mandatory report cases alleging
24 death or permanent bodily injury. Appropriate rules shall be
25 adopted by the Department with the approval of the Disciplinary
26 Board.

1 When the Department has received written reports
2 concerning incidents required to be reported in items (34),
3 (35), and (36) of subsection (A) of Section 22, the licensee's
4 failure to report the incident to the Department under those
5 items shall not be the sole grounds for disciplinary action.

6 Nothing contained in this Section shall act to in any way,
7 waive or modify the confidentiality of medical reports and
8 committee reports to the extent provided by law. Any
9 information reported or disclosed shall be kept for the
10 confidential use of the Disciplinary Board, the Medical
11 Coordinators, the Disciplinary Board's attorneys, the medical
12 investigative staff, and authorized clerical staff, as
13 provided in this Act, and shall be afforded the same status as
14 is provided information concerning medical studies in Part 21
15 of Article VIII of the Code of Civil Procedure, except that the
16 Department may disclose information and documents to a federal,
17 State, or local law enforcement agency pursuant to a subpoena
18 in an ongoing criminal investigation or to a health care
19 licensing body or medical licensing authority of this State or
20 another state or jurisdiction pursuant to an official request
21 made by that licensing body or medical licensing authority.
22 Furthermore, information and documents disclosed to a federal,
23 State, or local law enforcement agency may be used by that
24 agency only for the investigation and prosecution of a criminal
25 offense, or, in the case of disclosure to a health care
26 licensing body or medical licensing authority, only for

1 investigations and disciplinary action proceedings with regard
2 to a license. Information and documents disclosed to the
3 Department of Public Health may be used by that Department only
4 for investigation and disciplinary action regarding the
5 license of a health care institution licensed by the Department
6 of Public Health.

7 (C) Immunity from prosecution. Any individual or
8 organization acting in good faith, and not in a wilful and
9 wanton manner, in complying with this Act by providing any
10 report or other information to the Disciplinary Board or a peer
11 review committee, or assisting in the investigation or
12 preparation of such information, or by voluntarily reporting to
13 the Disciplinary Board or a peer review committee information
14 regarding alleged errors or negligence by a person licensed
15 under this Act, or by participating in proceedings of the
16 Disciplinary Board or a peer review committee, or by serving as
17 a member of the Disciplinary Board or a peer review committee,
18 shall not, as a result of such actions, be subject to criminal
19 prosecution or civil damages.

20 (D) Indemnification. Members of the Disciplinary Board,
21 the Medical Coordinators, the Disciplinary Board's attorneys,
22 the medical investigative staff, physicians retained under
23 contract to assist and advise the medical coordinators in the
24 investigation, and authorized clerical staff shall be
25 indemnified by the State for any actions occurring within the
26 scope of services on the Disciplinary Board, done in good faith

1 and not wilful and wanton in nature. The Attorney General shall
2 defend all such actions unless he or she determines either that
3 there would be a conflict of interest in such representation or
4 that the actions complained of were not in good faith or were
5 wilful and wanton.

6 Should the Attorney General decline representation, the
7 member shall have the right to employ counsel of his or her
8 choice, whose fees shall be provided by the State, after
9 approval by the Attorney General, unless there is a
10 determination by a court that the member's actions were not in
11 good faith or were wilful and wanton.

12 The member must notify the Attorney General within 7 days
13 of receipt of notice of the initiation of any action involving
14 services of the Disciplinary Board. Failure to so notify the
15 Attorney General shall constitute an absolute waiver of the
16 right to a defense and indemnification.

17 The Attorney General shall determine within 7 days after
18 receiving such notice, whether he or she will undertake to
19 represent the member.

20 (E) Deliberations of Disciplinary Board. Upon the receipt
21 of any report called for by this Act, other than those reports
22 of impaired persons licensed under this Act required pursuant
23 to the rules of the Disciplinary Board, the Disciplinary Board
24 shall notify in writing, by certified mail, the person who is
25 the subject of the report. Such notification shall be made
26 within 30 days of receipt by the Disciplinary Board of the

1 report.

2 The notification shall include a written notice setting
3 forth the person's right to examine the report. Included in
4 such notification shall be the address at which the file is
5 maintained, the name of the custodian of the reports, and the
6 telephone number at which the custodian may be reached. The
7 person who is the subject of the report shall submit a written
8 statement responding, clarifying, adding to, or proposing the
9 amending of the report previously filed. The person who is the
10 subject of the report shall also submit with the written
11 statement any medical records related to the report. The
12 statement and accompanying medical records shall become a
13 permanent part of the file and must be received by the
14 Disciplinary Board no more than 30 days after the date on which
15 the person was notified by the Disciplinary Board of the
16 existence of the original report.

17 The Disciplinary Board shall review all reports received by
18 it, together with any supporting information and responding
19 statements submitted by persons who are the subject of reports.
20 The review by the Disciplinary Board shall be in a timely
21 manner but in no event, shall the Disciplinary Board's initial
22 review of the material contained in each disciplinary file be
23 less than 61 days nor more than 180 days after the receipt of
24 the initial report by the Disciplinary Board.

25 When the Disciplinary Board makes its initial review of the
26 materials contained within its disciplinary files, the

1 Disciplinary Board shall, in writing, make a determination as
2 to whether there are sufficient facts to warrant further
3 investigation or action. Failure to make such determination
4 within the time provided shall be deemed to be a determination
5 that there are not sufficient facts to warrant further
6 investigation or action.

7 Should the Disciplinary Board find that there are not
8 sufficient facts to warrant further investigation, or action,
9 the report shall be accepted for filing and the matter shall be
10 deemed closed and so reported to the Secretary. The Secretary
11 shall then have 30 days to accept the ~~Medical~~ Disciplinary
12 Board's decision or request further investigation. The
13 Secretary shall inform the Board ~~in writing~~ of the decision to
14 request further investigation, including the specific reasons
15 for the decision. The individual or entity filing the original
16 report or complaint and the person who is the subject of the
17 report or complaint shall be notified in writing by the
18 Secretary of any final action on their report or complaint.

19 (F) Summary reports. The Disciplinary Board shall prepare,
20 on a timely basis, but in no event less than once every other
21 month, a summary report of final disciplinary actions taken
22 upon disciplinary files maintained by the Disciplinary Board.
23 The summary reports shall be made available to the public upon
24 request and payment of the fees set by the Department. This
25 publication may be made available to the public on the
26 Department's ~~Internet~~ website. Information or documentation

1 relating to any disciplinary file that is closed without
2 disciplinary action taken shall not be disclosed and shall be
3 afforded the same status as is provided by Part 21 of Article
4 VIII of the Code of Civil Procedure.

5 (G) Any violation of this Section shall be a Class A
6 misdemeanor.

7 (H) If any such person violates the provisions of this
8 Section an action may be brought in the name of the People of
9 the State of Illinois, through the Attorney General of the
10 State of Illinois, for an order enjoining such violation or for
11 an order enforcing compliance with this Section. Upon filing of
12 a verified petition in such court, the court may issue a
13 temporary restraining order without notice or bond and may
14 preliminarily or permanently enjoin such violation, and if it
15 is established that such person has violated or is violating
16 the injunction, the court may punish the offender for contempt
17 of court. Proceedings under this paragraph shall be in addition
18 to, and not in lieu of, all other remedies and penalties
19 provided for by this Section.

20 (Source: P.A. 94-677, eff. 8-25-05; 95-639, eff. 10-5-07;
21 96-1372, eff. 7-29-10.)

22 (225 ILCS 60/24) (from Ch. 111, par. 4400-24)

23 (Section scheduled to be repealed on November 30, 2011)

24 (Text of Section WITH the changes made by P.A. 94-677,
25 which has been held unconstitutional)

1 Sec. 24. Report of violations; medical associations. Any
2 physician licensed under this Act, the Illinois State Medical
3 Society, the Illinois Association of Osteopathic Physicians
4 and Surgeons, the Illinois Chiropractic Society, the Illinois
5 Prairie State Chiropractic Association, or any component
6 societies of any of these 4 groups, and any other person, may
7 report to the Disciplinary Board any information the physician,
8 association, society, or person may have that appears to show
9 that a physician is or may be in violation of any of the
10 provisions of Section 22 of this Act.

11 The Department may enter into agreements with the Illinois
12 State Medical Society, the Illinois Association of Osteopathic
13 Physicians and Surgeons, the Illinois Prairie State
14 Chiropractic Association, or the Illinois Chiropractic Society
15 to allow these organizations to assist the Disciplinary Board
16 in the review of alleged violations of this Act. Subject to the
17 approval of the Department, any organization party to such an
18 agreement may subcontract with other individuals or
19 organizations to assist in review.

20 Any physician, association, society, or person
21 participating in good faith in the making of a report under
22 this Act or participating in or assisting with an investigation
23 or review under this Act shall have immunity from any civil,
24 criminal, or other liability that might result by reason of
25 those actions.

26 The medical information in the custody of an entity under

1 contract with the Department participating in an investigation
2 or review shall be privileged and confidential to the same
3 extent as are information and reports under the provisions of
4 Part 21 of Article VIII of the Code of Civil Procedure.

5 Upon request by the Department after a mandatory report has
6 been filed with the Department, an attorney for any party
7 seeking to recover damages for injuries or death by reason of
8 medical, hospital, or other healing art malpractice shall
9 provide patient records related to the physician involved in
10 the disciplinary proceeding to the Department within 30 days of
11 the Department's request for use by the Department in any
12 disciplinary matter under this Act. An attorney who provides
13 patient records to the Department in accordance with this
14 requirement shall not be deemed to have violated any
15 attorney-client privilege. Notwithstanding any other provision
16 of law, consent by a patient shall not be required for the
17 provision of patient records in accordance with this
18 requirement.

19 For the purpose of any civil or criminal proceedings, the
20 good faith of any physician, association, society or person
21 shall be presumed. ~~The Disciplinary Board may request the~~
22 ~~Illinois State Medical Society, the Illinois Association of~~
23 ~~Osteopathic Physicians and Surgeons, the Illinois Prairie~~
24 ~~State Chiropractic Association, or the Illinois Chiropractic~~
25 ~~Society to assist the Disciplinary Board in preparing for or~~
26 ~~conducting any medical competency examination as the Board may~~

1 ~~deem appropriate.~~

2 (Source: P.A. 94-677, eff. 8-25-05.)

3 (225 ILCS 60/24.1)

4 (Section scheduled to be repealed on November 30, 2011)

5 (This Section was added by P.A. 94-677, which has been held
6 unconstitutional)

7 Sec. 24.1. Physician profile.

8 (a) This Section may be cited as the Patients' Right to
9 Know Law.

10 (b) The Department shall make available to the public a
11 profile of each physician. The Department shall make this
12 information available through an Internet web site and, if
13 requested, in writing. The physician profile shall contain the
14 following information:

15 (1) the full name of the physician;

16 (2) a description of any criminal convictions for
17 felonies and Class A misdemeanors, as determined by the
18 Department, within the most recent 5 years. For the
19 purposes of this Section, a person shall be deemed to be
20 convicted of a crime if he or she pleaded guilty or if he
21 was found or adjudged guilty by a court of competent
22 jurisdiction;

23 (3) a description of any final Department disciplinary
24 actions within the most recent 5 years;

25 (4) a description of any final disciplinary actions by

1 licensing boards in other states within the most recent 5
2 years;

3 (5) a description of revocation or involuntary
4 restriction of hospital privileges for reasons related to
5 competence or character that have been taken by the
6 hospital's governing body or any other official of the
7 hospital after procedural due process has been afforded, or
8 the resignation from or nonrenewal of medical staff
9 membership or the restriction of privileges at a hospital
10 taken in lieu of or in settlement of a pending disciplinary
11 case related to competence or character in that hospital.
12 Only cases which have occurred within the most recent 5
13 years shall be disclosed by the Department to the public;

14 (6) all medical malpractice court judgments and all
15 medical malpractice arbitration awards in which a payment
16 was awarded to a complaining party during the most recent 5
17 years and all settlements of medical malpractice claims in
18 which a payment was made to a complaining party within the
19 most recent 5 years. A medical malpractice judgment or
20 award that has been appealed shall be identified
21 prominently as "Under Appeal" on the profile within 20 days
22 of formal written notice to the Department. Information
23 concerning all settlements shall be accompanied by the
24 following statement: "Settlement of a claim may occur for a
25 variety of reasons which do not necessarily reflect
26 negatively on the professional competence or conduct of the

1 physician. A payment in settlement of a medical malpractice
2 action or claim should not be construed as creating a
3 presumption that medical malpractice has occurred."
4 Nothing in this subdivision (6) shall be construed to limit
5 or prevent the Disciplinary Board from providing further
6 explanatory information regarding the significance of
7 categories in which settlements are reported. Pending
8 malpractice claims shall not be disclosed by the Department
9 to the public. Nothing in this subdivision (6) shall be
10 construed to prevent the Disciplinary Board from
11 investigating and the Department from disciplining a
12 physician on the basis of medical malpractice claims that
13 are pending;

14 (7) names of medical schools attended, dates of
15 attendance, and date of graduation;

16 (8) graduate medical education;

17 (9) specialty board certification. The toll-free
18 number of the American Board of Medical Specialties shall
19 be included to verify current board certification status;

20 (10) number of years in practice and locations;

21 (11) names of the hospitals where the physician has
22 privileges;

23 (12) appointments to medical school faculties and
24 indication as to whether a physician has a responsibility
25 for graduate medical education within the most recent 5
26 years;

1 (13) information regarding publications in
2 peer-reviewed medical literature within the most recent 5
3 years;

4 (14) information regarding professional or community
5 service activities and awards;

6 (15) the location of the physician's primary practice
7 setting;

8 (16) identification of any translating services that
9 may be available at the physician's primary practice
10 location;

11 (17) an indication of whether the physician
12 participates in the Medicaid program.

13 (c) The Disciplinary Board shall provide individual
14 physicians with a copy of their profiles prior to release to
15 the public. A physician shall be provided 60 days to correct
16 factual inaccuracies that appear in such profile.

17 (d) A physician may elect to have his or her profile omit
18 certain information provided pursuant to subdivisions (12)
19 through (14) of subsection (b) concerning academic
20 appointments and teaching responsibilities, publication in
21 peer-reviewed journals and professional and community service
22 awards. In collecting information for such profiles and in
23 disseminating the same, the Disciplinary Board shall inform
24 physicians that they may choose not to provide such information
25 required pursuant to subdivisions (12) through (14) of
26 subsection (b).

1 (e) The Department shall promulgate such rules as it deems
2 necessary to accomplish the requirements of this Section.

3 (Source: P.A. 94-677, eff. 8-25-05.)

4 (225 ILCS 60/25) (from Ch. 111, par. 4400-25)

5 (Section scheduled to be repealed on November 30, 2011)

6 Sec. 25. The Secretary ~~Director~~ of the Department may, upon
7 receipt of a written communication from the Secretary of Human
8 Services, the Director of Healthcare and Family Services
9 (formerly Director of Public Aid), or the Director of Public
10 Health that continuation of practice of a person licensed under
11 this Act constitutes an immediate danger to the public, and
12 after consultation with the Chief Medical Coordinator or Deputy
13 Medical Coordinator, immediately suspend the license of such
14 person without a hearing. In instances in which the Secretary
15 ~~Director~~ immediately suspends a license under this Section, a
16 hearing upon such person's license must be convened by the
17 Disciplinary Board within 15 days after such suspension and
18 completed without appreciable delay. Such hearing is to be held
19 to determine whether to recommend to the Secretary ~~Director~~
20 that the person's license be revoked, suspended, placed on
21 probationary status or reinstated, or whether such person
22 should be subject to other disciplinary action. In the hearing,
23 the written communication and any other evidence submitted
24 therewith may be introduced as evidence against such person;
25 provided however, the person, or their counsel, shall have the

1 opportunity to discredit, impeach and submit evidence
2 rebutting such evidence.

3 (Source: P.A. 95-331, eff. 8-21-07.)

4 (225 ILCS 60/26) (from Ch. 111, par. 4400-26)

5 (Section scheduled to be repealed on November 30, 2011)

6 Sec. 26. Advertising.

7 (1) Any person licensed under this Act may advertise the
8 availability of professional services in the public media or on
9 the premises where such professional services are rendered.
10 Such advertising shall be limited to the following information:

11 (a) Publication of the person's name, title, office
12 hours, address and telephone number;

13 (b) Information pertaining to the person's areas of
14 specialization, including appropriate board certification
15 or limitation of professional practice;

16 (c) Information on usual and customary fees for routine
17 professional services offered, which information shall
18 include, notification that fees may be adjusted due to
19 complications or unforeseen circumstances;

20 (d) Announcement of the opening of, change of, absence
21 from, or return to business;

22 (e) Announcement of additions to or deletions from
23 professional licensed staff;

24 (f) The issuance of business or appointment cards.

25 (2) It is unlawful for any person licensed under this Act

1 to use ~~testimonials or~~ claims of superior quality of care to
2 entice the public. It shall be unlawful to advertise fee
3 comparisons of available services with those of other persons
4 licensed under this Act.

5 (3) This Act does not authorize the advertising of
6 professional services which the offeror of such services is not
7 licensed to render. Nor shall the advertiser use statements
8 which contain false, fraudulent, deceptive or misleading
9 material or guarantees of success, statements which play upon
10 the vanity or fears of the public, or statements which promote
11 or produce unfair competition.

12 (4) A licensee shall include in every advertisement for
13 services regulated under this Act his or her title as it
14 appears on the license or the initials authorized under this
15 Act.

16 (Source: P.A. 91-310, eff. 1-1-00.)

17 (225 ILCS 60/33) (from Ch. 111, par. 4400-33)

18 (Section scheduled to be repealed on November 30, 2011)

19 Sec. 33. Any person licensed under this Act to practice
20 medicine in all of its branches shall be authorized to purchase
21 legend drugs requiring an order of a person authorized to
22 prescribe drugs, and to dispense such legend drugs in the
23 regular course of practicing medicine. The dispensing of such
24 legend drugs shall be the personal act of the person licensed
25 under this Act and may not be delegated to any other person not

1 licensed under this Act or the Pharmacy Practice Act unless
2 such delegated dispensing functions are under the direct
3 supervision of the physician authorized to dispense legend
4 drugs. Except when dispensing manufacturers' samples or other
5 legend drugs in a maximum 72 hour supply, persons licensed
6 under this Act shall maintain a book or file of prescriptions
7 as required in the Pharmacy Practice Act. Any person licensed
8 under this Act who dispenses any drug or medicine shall
9 dispense such drug or medicine in good faith and shall affix to
10 the box, bottle, vessel or package containing the same a label
11 indicating (a) the date on which such drug or medicine is
12 dispensed; (b) the name of the patient; (c) the last name of
13 the person dispensing such drug or medicine; (d) the directions
14 for use thereof; and (e) the proprietary name or names or, if
15 there are none, the established name or names of the drug or
16 medicine, the dosage and quantity, except as otherwise
17 authorized by regulation of the Department ~~of Professional~~
18 ~~Regulation~~. The foregoing labeling requirements shall not
19 apply to drugs or medicines in a package which bears a label of
20 the manufacturer containing information describing its
21 contents which is in compliance with requirements of the
22 Federal Food, Drug, and Cosmetic Act and the Illinois Food,
23 Drug, and Cosmetic Act. "Drug" and "medicine" have the meaning
24 ascribed to them in the Pharmacy Practice Act, as now or
25 hereafter amended; "good faith" has the meaning ascribed to it
26 in subsection (v) of Section 102 of the "Illinois Controlled

1 Substances Act", approved August 16, 1971, as amended.

2 Prior to dispensing a prescription to a patient, the
3 physician shall offer a written prescription to the patient
4 which the patient may elect to have filled by the physician or
5 any licensed pharmacy.

6 A violation of any provision of this Section shall
7 constitute a violation of this Act and shall be grounds for
8 disciplinary action provided for in this Act.

9 Nothing in this Section shall be construed to authorize a
10 chiropractic physician to prescribe drugs.

11 (Source: P.A. 95-689, eff. 10-29-07.)

12 (225 ILCS 60/35) (from Ch. 111, par. 4400-35)

13 (Section scheduled to be repealed on November 30, 2011)

14 Sec. 35. The Secretary ~~Director~~ shall have the authority to
15 appoint an attorney duly licensed to practice law in the State
16 of Illinois to serve as the hearing officer in any action to
17 suspend, revoke, place on probationary status, or take any
18 other disciplinary action with regard to a license. The hearing
19 officer shall have full authority to conduct the hearing. The
20 hearing officer shall report his findings and recommendations
21 to the Disciplinary Board within 30 days of the receipt of the
22 record. The Disciplinary Board shall have 60 days from receipt
23 of the report to review the report of the hearing officer and
24 present their findings of fact, conclusions of law and
25 recommendations to the Secretary ~~Director~~.

1 (Source: P.A. 85-4.)

2 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

3 (Section scheduled to be repealed on November 30, 2011)

4 (Text of Section WITH the changes made by P.A. 94-677,
5 which has been held unconstitutional, and by P.A. 96-1372,
6 which amended language added by P.A. 94-677)

7 Sec. 36. Upon the motion of either the Department or the
8 Disciplinary Board or upon the verified complaint in writing of
9 any person setting forth facts which, if proven, would
10 constitute grounds for suspension or revocation under Section
11 22 of this Act, the Department shall investigate the actions of
12 any person, so accused, who holds or represents that they hold
13 a license. Such person is hereinafter called the accused.

14 The Department shall, before suspending, revoking, placing
15 on probationary status, or taking any other disciplinary action
16 as the Department may deem proper with regard to any license at
17 least 30 days prior to the date set for the hearing, notify the
18 accused in writing of any charges made and the time and place
19 for a hearing of the charges before the Disciplinary Board,
20 direct them to file their written answer thereto to the
21 Disciplinary Board under oath within 20 days after the service
22 on them of such notice and inform them that if they fail to
23 file such answer default will be taken against them and their
24 license may be suspended, revoked, placed on probationary
25 status, or have other disciplinary action, including limiting

1 the scope, nature or extent of their practice, as the
2 Department may deem proper taken with regard thereto.

3 Where a physician has been found, upon complaint and
4 investigation of the Department, and after hearing, to have
5 performed an abortion procedure in a wilful and wanton manner
6 upon a woman who was not pregnant at the time such abortion
7 procedure was performed, the Department shall automatically
8 revoke the license of such physician to practice medicine in
9 Illinois.

10 Such written notice and any notice in such proceedings
11 thereafter may be served by delivery of the same, personally,
12 to the accused person, or by mailing the same by registered or
13 certified mail to the accused person's address of record ~~the~~
14 ~~address last theretofore specified by the accused in their last~~
15 ~~notification to the Department.~~

16 All information gathered by the Department during its
17 investigation including information subpoenaed under Section
18 23 or 38 of this Act and the investigative file shall be kept
19 for the confidential use of the Secretary, Disciplinary Board,
20 the Medical Coordinators, persons employed by contract to
21 advise the Medical Coordinator or the Department, the
22 Disciplinary Board's attorneys, the medical investigative
23 staff, and authorized clerical staff, as provided in this Act
24 and shall be afforded the same status as is provided
25 information concerning medical studies in Part 21 of Article
26 VIII of the Code of Civil Procedure, except that the Department

1 may disclose information and documents to a federal, State, or
2 local law enforcement agency pursuant to a subpoena in an
3 ongoing criminal investigation to a health care licensing body
4 of this State or another state or jurisdiction pursuant to an
5 official request made by that licensing body. Furthermore,
6 information and documents disclosed to a federal, State, or
7 local law enforcement agency may be used by that agency only
8 for the investigation and prosecution of a criminal offense or,
9 in the case of disclosure to a health care licensing body, only
10 for investigations and disciplinary action proceedings with
11 regard to a license issued by that licensing body.

12 (Source: P.A. 94-677, eff. 8-25-05; 96-1372, eff. 7-29-10.)

13 (225 ILCS 60/37) (from Ch. 111, par. 4400-37)

14 (Section scheduled to be repealed on November 30, 2011)

15 Sec. 37. At the time and place fixed in the notice, the
16 Disciplinary Board provided for in this Act shall proceed to
17 hear the charges, and ~~both~~ the accused person ~~and the~~
18 ~~complainant~~ shall be accorded ample opportunity to present in
19 person, or by counsel, such statements, testimony, evidence and
20 argument as may be pertinent to the charges or to any defense
21 thereto. The Disciplinary Board may continue such hearing from
22 time to time. If the Disciplinary Board is not sitting at the
23 time and place fixed in the notice or at the time and place to
24 which the hearing has been continued, the Department shall
25 continue such hearing for a period not to exceed 30 days.

1 In case the accused person, after receiving notice, fails
2 to file an answer, their license may, in the discretion of the
3 Secretary Director, having received first the recommendation
4 of the Disciplinary Board, be suspended, revoked or placed on
5 probationary status, or the Secretary Director may take
6 whatever disciplinary action as he or she may deem proper,
7 including limiting the scope, nature, or extent of said
8 person's practice, without a hearing, if the act or acts
9 charged constitute sufficient grounds for such action under
10 this Act.

11 The Disciplinary Board has the authority to recommend to
12 the Secretary Director that probation be granted or that other
13 disciplinary or non-disciplinary action, including the
14 limitation of the scope, nature or extent of a person's
15 practice, be taken as it deems proper. If disciplinary or
16 non-disciplinary action, other than suspension or revocation,
17 is taken the Disciplinary Board may recommend that the
18 Secretary Director impose reasonable limitations and
19 requirements upon the accused registrant to insure compliance
20 with the terms of the probation or other disciplinary action
21 including, but not limited to, regular reporting by the accused
22 to the Department of their actions, placing themselves under
23 the care of a qualified physician for treatment, or limiting
24 their practice in such manner as the Secretary Director may
25 require.

26 The Secretary Director, after consultation with the Chief

1 Medical Coordinator or Deputy Medical Coordinator, may
2 temporarily suspend the license of a physician without a
3 hearing, simultaneously with the institution of proceedings
4 for a hearing provided under this Section if the Secretary
5 ~~Director~~ finds that evidence in his or her possession indicates
6 that a physician's continuation in practice would constitute an
7 immediate danger to the public. In the event that the Secretary
8 ~~Director~~ suspends, temporarily, the license of a physician
9 without a hearing, a hearing by the Disciplinary Board shall be
10 held within 15 days after such suspension has occurred and
11 shall be concluded without appreciable delay.

12 (Source: P.A. 85-4.)

13 (225 ILCS 60/38) (from Ch. 111, par. 4400-38)

14 (Section scheduled to be repealed on November 30, 2011)

15 Sec. 38. The Disciplinary Board or Department has power to
16 subpoena and bring before it any person in this State and to
17 take testimony either orally or by deposition, or both, with
18 the same fees and mileage and in the same manner as is
19 prescribed by law for judicial procedure in civil cases.

20 The Disciplinary Board, upon a determination that probable
21 cause exists that a violation of one or more of the grounds for
22 discipline listed in Section 22 has occurred or is occurring,
23 may subpoena the medical and hospital records of individual
24 patients of physicians licensed under this Act, provided, that
25 prior to the submission of such records to the Disciplinary

1 Board, all information indicating the identity of the patient
2 shall be removed and deleted. Notwithstanding the foregoing,
3 the Disciplinary Board and Department shall possess the power
4 to subpoena copies of hospital or medical records in mandatory
5 report cases under Section 23 alleging death or permanent
6 bodily injury when consent to obtain records is not provided by
7 a patient or legal representative. Prior to submission of the
8 records to the Disciplinary Board, all information indicating
9 the identity of the patient shall be removed and deleted. All
10 medical records and other information received pursuant to
11 subpoena shall be confidential and shall be afforded the same
12 status as is proved information concerning medical studies in
13 Part 21 of Article VIII of the Code of Civil Procedure. The use
14 of such records shall be restricted to members of the
15 Disciplinary Board, the medical coordinators, and appropriate
16 staff of the Department ~~of Professional Regulation~~ designated
17 by the Disciplinary Board for the purpose of determining the
18 existence of one or more grounds for discipline of the
19 physician as provided for by Section 22 of this Act. Any such
20 review of individual patients' records shall be conducted by
21 the Disciplinary Board in strict confidentiality, provided
22 that such patient records shall be admissible in a disciplinary
23 hearing, before the Disciplinary Board, when necessary to
24 substantiate the grounds for discipline alleged against the
25 physician licensed under this Act, and provided further, that
26 nothing herein shall be deemed to supersede the provisions of

1 Part 21 of Article VIII of the "Code of Civil Procedure", as
2 now or hereafter amended, to the extent applicable.

3 The Secretary ~~Director~~, and any member of the Disciplinary
4 Board each have power to administer oaths at any hearing which
5 the Disciplinary Board or Department is authorized by law to
6 conduct.

7 The Disciplinary Board, upon a determination that probable
8 cause exists that a violation of one or more of the grounds for
9 discipline listed in Section 22 has occurred or is occurring on
10 the business premises of a physician licensed under this Act,
11 may issue an order authorizing an appropriately qualified
12 investigator employed by the Department to enter upon the
13 business premises with due consideration for patient care of
14 the subject of the investigation so as to inspect the physical
15 premises and equipment and furnishings therein. No such order
16 shall include the right of inspection of business, medical, or
17 personnel records located on the premises. For purposes of this
18 Section, "business premises" is defined as the office or
19 offices where the physician conducts the practice of medicine.
20 Any such order shall expire and become void five business days
21 after its issuance by the Disciplinary Board. The execution of
22 any such order shall be valid only during the normal business
23 hours of the facility or office to be inspected.

24 (Source: P.A. 90-699, eff. 1-1-99.)

25 (225 ILCS 60/40) (from Ch. 111, par. 4400-40)

1 (Section scheduled to be repealed on November 30, 2011)

2 Sec. 40. The Disciplinary Board shall present to the
3 Secretary ~~Director~~ a written report of its findings and
4 recommendations. A copy of such report shall be served upon the
5 accused person, either personally or by registered or certified
6 mail. Within 20 days after such service, the accused person may
7 present to the Department their motion, in writing, for a
8 rehearing, which written motion shall specify the particular
9 ground therefor. If the accused person orders and pays for a
10 transcript of the record as provided in Section 39, the time
11 elapsing thereafter and before such transcript is ready for
12 delivery to them shall not be counted as part of such 20 days.

13 At the expiration of the time allowed for filing a motion
14 for rehearing, the Secretary ~~Director~~ may take the action
15 recommended by the Disciplinary Board. Upon the suspension,
16 revocation, placement on probationary status, or the taking of
17 any other disciplinary action, including the limiting of the
18 scope, nature, or extent of one's practice, deemed proper by
19 the Department, with regard to the license, certificate or
20 visiting professor permit, the accused shall surrender their
21 license to the Department, if ordered to do so by the
22 Department, and upon their failure or refusal so to do, the
23 Department may seize the same.

24 Each certificate of order of revocation, suspension, or
25 other disciplinary action shall contain a brief, concise
26 statement of the ground or grounds upon which the Department's

1 action is based, as well as the specific terms and conditions
2 of such action. This document shall be retained as a permanent
3 record by the Disciplinary Board and the Secretary ~~Director~~.

4 The Department shall at least annually publish a list of
5 the names of all persons disciplined under this Act in the
6 preceding 12 months. Such lists shall be available ~~mailed~~ by
7 the Department on its website ~~to any person in the State upon~~
8 ~~request~~.

9 In those instances where an order of revocation,
10 suspension, or other disciplinary action has been rendered by
11 virtue of a physician's physical illness, including, but not
12 limited to, deterioration through the aging process, or loss of
13 motor skill which results in a physician's inability to
14 practice medicine with reasonable judgment, skill, or safety,
15 the Department shall only permit this document, and the record
16 of the hearing incident thereto, to be observed, inspected,
17 viewed, or copied pursuant to court order.

18 (Source: P.A. 85-4.)

19 (225 ILCS 60/41) (from Ch. 111, par. 4400-41)

20 (Section scheduled to be repealed on November 30, 2011)

21 Sec. 41. Administrative review; certification of record.
22 All final administrative decisions of the Department are
23 subject to judicial review pursuant to the Administrative
24 Review Law and its rules. The term "administrative decision" is
25 defined as in Section 3-101 of the Code of Civil Procedure.

1 Proceedings for judicial review shall be commenced in the
2 circuit court of the county in which the party applying for
3 review resides; but if the party is not a resident of this
4 State, the venue shall be in Sangamon County.

5 The Department shall not be required to certify any record
6 to the court, to ~~or~~ file an ~~any~~ answer in court, or ~~to~~
7 otherwise appear in any court in a judicial review proceeding,
8 unless and until ~~there is filed in the court, with the~~
9 ~~complaint, a receipt from~~ the Department has received from the
10 plaintiff acknowledging payment of the costs of furnishing and
11 certifying the record, which costs shall be determined by the
12 Department ~~computed at the rate of 20 cents per page of the~~
13 ~~record~~. Exhibits shall be certified without cost. Failure on
14 the part of the plaintiff to file a receipt in court shall be
15 grounds for dismissal of the action. During the pendency and
16 hearing of any and all judicial proceedings incident to the
17 disciplinary action the sanctions imposed upon the accused by
18 the Department because of acts or omissions related to the
19 delivery of direct patient care as specified in the
20 Department's final administrative decision, shall as a matter
21 of public policy remain in full force and effect in order to
22 protect the public pending final resolution of any of the
23 proceedings.

24 (Source: P.A. 87-1031; 88-184.)

1 (Section scheduled to be repealed on November 30, 2011)

2 Sec. 42. An order of revocation, suspension, placing the
3 license on probationary status, or other formal disciplinary
4 action as the Department may deem proper, or a certified copy
5 thereof, over the seal of the Department and purporting to be
6 signed by the Secretary ~~Director~~, is prima facie proof that:

7 (a) Such signature is the genuine signature of the
8 Secretary ~~Director~~;

9 (b) The Secretary ~~Director~~ is duly appointed and qualified;
10 and

11 (c) The Disciplinary Board and the members thereof are
12 qualified.

13 Such proof may be rebutted.

14 (Source: P.A. 85-4.)

15 (225 ILCS 60/43) (from Ch. 111, par. 4400-43)

16 (Section scheduled to be repealed on November 30, 2011)

17 Sec. 43. Restoration of license from discipline. At any
18 time after the successful completion of a term of probation,
19 suspension, or revocation of a license, the Department may
20 restore the license to the licensee, unless after an
21 investigation and a hearing, the Secretary determines that
22 restoration is not in the public interest. No person or entity
23 whose license or permit has been revoked as authorized in this
24 Act may apply for restoration of that license or permit until
25 such time as provided for in the Civil Administrative Code of

1 Illinois. ~~At any time after the suspension, revocation, placing~~
2 ~~on probationary status, or taking disciplinary action with~~
3 ~~regard to any license, the Department may restore it to the~~
4 ~~accused person, or take any other action to reinstate the~~
5 ~~license to good standing, without examination, upon the written~~
6 ~~recommendation of the Disciplinary Board.~~

7 (Source: P.A. 85-4.)

8 (225 ILCS 60/44) (from Ch. 111, par. 4400-44)

9 (Section scheduled to be repealed on November 30, 2011)

10 Sec. 44. None of the disciplinary functions, powers and
11 duties enumerated in this Act shall be exercised by the
12 Department except upon the action and report in writing of the
13 Disciplinary Board.

14 In all instances, under this Act, in which the Disciplinary
15 Board has rendered a recommendation to the Secretary ~~Director~~
16 with respect to a particular physician, the Secretary ~~Director~~
17 shall, in the event that he or she disagrees with or takes
18 action contrary to the recommendation of the Disciplinary
19 Board, file with the Disciplinary Board ~~and the Secretary of~~
20 ~~State~~ his or her specific written reasons of disagreement with
21 the Disciplinary Board. Such reasons shall be filed within 30
22 days of the occurrence of the Secretary's ~~Director's~~ contrary
23 position having been taken.

24 The action and report in writing of a majority of the
25 Disciplinary Board designated is sufficient authority upon

1 which the Secretary ~~Director~~ may act.

2 Whenever the Secretary ~~Director~~ is satisfied that
3 substantial justice has not been done either in an examination,
4 or in a formal disciplinary action, or refusal to restore a
5 license, he or she may order a reexamination or rehearing by
6 the same or other examiners.

7 (Source: P.A. 85-4.)

8 (225 ILCS 60/47) (from Ch. 111, par. 4400-47)

9 (Section scheduled to be repealed on November 30, 2011)

10 Sec. 47. Administrative Procedure Act. The Illinois
11 Administrative Procedure Act is hereby expressly adopted and
12 incorporated herein as if all of the provisions of that Act
13 were included in this Act, except that the provision of
14 subsection (d) of Section 10-65 of the Illinois Administrative
15 Procedure Act that provides that at hearings the licensee has
16 the right to show compliance with all lawful requirements for
17 retention, continuation or renewal of the license is
18 specifically excluded. For the purposes of this Act the notice
19 required under Section 10-25 of the Illinois Administrative
20 Procedure Act is deemed sufficient when mailed to the ~~last~~
21 ~~known~~ address of record of a party.

22 (Source: P.A. 88-45.)

23 (225 ILCS 60/54) (from Ch. 111, par. 4400-54)

24 (Section scheduled to be repealed on November 30, 2011)

1 Sec. 54. A person who holds himself or herself out to treat
2 human ailments under a name other than his or her own, or by
3 personation of any physician, shall be punished as provided in
4 Section 59.

5 However, nothing in this Act shall be construed as
6 prohibiting partnerships, limited liability companies,
7 associations, or corporations in accordance with subsection
8 (c) ~~item (14) of subsection (A)~~ of Section 22.2 ~~22~~ of this Act.
9 (Source: P.A. 89-702, eff. 7-1-97.)

10 (225 ILCS 60/54.2)

11 (Section scheduled to be repealed on November 30, 2011)

12 Sec. 54.2. Physician delegation of authority.

13 (a) Nothing in this Act shall be construed to limit the
14 delegation of patient care tasks or duties by a physician, to a
15 licensed practical nurse, a registered professional nurse, or
16 other licensed person practicing within the scope of his or her
17 individual licensing Act. Delegation by a physician licensed to
18 practice medicine in all its branches to physician assistants
19 or advanced practice nurses is also addressed in Section 54.5
20 of this Act. No physician may delegate any patient care task or
21 duty that is statutorily or by rule mandated to be performed by
22 a physician.

23 (b) In an office or practice setting and within a
24 physician-patient relationship, a physician may delegate
25 patient care tasks or duties to an unlicensed person who

1 possesses appropriate training and experience provided a
2 health care professional, who is practicing within the scope of
3 such licensed professional's individual licensing Act, is on
4 site to provide assistance.

5 (c) Any such patient care task or duty delegated to a
6 licensed or unlicensed person must be within the scope of
7 practice, education, training, or experience of the delegating
8 physician and within the context of a physician-patient
9 relationship.

10 (d) Nothing in this Section shall be construed to affect
11 referrals for professional services required by law.

12 (e) The Department shall have the authority to promulgate
13 rules concerning a physician's delegation, including but not
14 limited to, the use of light emitting devices for patient care
15 or treatment.

16 (f) Nothing in this Act shall be construed to limit the
17 method of delegation that may be authorized by any means,
18 including, but not limited to, oral, written, electronic,
19 standing orders, protocols, guidelines, or verbal orders.

20 (Source: P.A. 96-618, eff. 1-1-10.)

21 (225 ILCS 60/59) (from Ch. 111, par. 4400-59)

22 (Section scheduled to be repealed on November 30, 2011)

23 Sec. 59. Any person who violates for the first time Section
24 49, 50, 51, 52, 53, 54, 55, or 56 of this Act is guilty of a
25 Class 4 felony. Any person who violates for the first time

1 Section 27 of this Act is guilty of a Class A misdemeanor.

2 Any person who has been previously convicted under Section
3 49, 50, 51, 52, 53, 54, 55, or 56 of this Act and who
4 subsequently violates any of the Sections is guilty of a Class
5 3 felony. Any person who has been previously convicted under
6 Section 27 of this Act and who subsequently violates Section 27
7 is guilty of a Class 4 felony. In addition, whenever any person
8 is punished as a repeat offender under this Section, the
9 Secretary ~~Director~~ of the Department shall proceed to obtain a
10 permanent injunction against such person under Section 61 of
11 this Act.

12 (Source: P.A. 85-4.)

13 (225 ILCS 60/61) (from Ch. 111, par. 4400-61)

14 (Section scheduled to be repealed on November 30, 2011)

15 Sec. 61. The practice of medicine in all of its branches or
16 the treatment of human ailments without the use of drugs and
17 without operative surgery by any person not at that time
18 holding a valid and current license under this Act to do so is
19 hereby declared to be inimical to the public welfare and to
20 constitute a public nuisance. The Secretary ~~Director~~ of the
21 Department, the Attorney General of the State of Illinois, the
22 State's Attorney of any County in the State, or any resident
23 citizen may maintain an action in the name of the people of the
24 State of Illinois, may apply for an injunction in the circuit
25 court to enjoin any such person from engaging in such practice;

1 and, upon the filing of a verified petition in such court, the
2 court or any judge thereof, if satisfied by affidavit, or
3 otherwise, that such person has been engaged in such practice
4 without a valid and current license to do so, may issue a
5 temporary restraining order or preliminary injunction without
6 notice or bond, enjoining the defendant from any such further
7 practice. A copy of the verified complaint shall be served upon
8 the defendant and the proceedings shall thereafter be conducted
9 as in other civil cases. If it be established that the
10 defendant has been, or is engaged in any such unlawful
11 practice, the court, or any judge thereof, may enter an order
12 or judgment perpetually enjoining the defendant from further
13 engaging in such practice. In all proceedings hereunder the
14 court, in its discretion, may apportion the costs among the
15 parties interested in the suit, including cost of filing
16 complaint, service of process, witness fees and expenses, court
17 reporter charges and reasonable attorneys fees. In case of
18 violation of any injunction entered under the provisions of
19 this Section, the court, or any judge thereof, may summarily
20 try and punish the offender for contempt of court. Such
21 injunction proceedings shall be in addition to, and not in lieu
22 of, all penalties and other remedies in this Act provided.

23 (Source: P.A. 85-4.)

24 (225 ILCS 60/32 rep.)

25 Section 15. The Medical Practice Act of 1987 is amended by

1 repealing Section 32.

2 Section 97. Severability. The provisions of this Act are
3 severable under Section 1.31 of the Statute on Statutes.

4 Section 99. Effective date. This Act takes effect upon
5 becoming law.".